The Nursing of Typhoid Fever

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As a result of the fact that typhoid fever is rapidly becoming a rare disease in the greater part of the country, many of the nurses at present doing active duty have seen little or nothing of it. However, it will be some time before it is entirely eradicated, and it is necessary that every nurse should be in a position not only to look after a case of typhoid fever when confronted with it, but to be a factor in its prevention.

A definition of typhoid fever and an outline of its causes will remind us of its general features: "An acute general infection with the 'bacillus typhosus,' which is characterized especially by involvement of the lymphoid tissues, usually with marked hyperplasia and ulceration of the Peyer's patches and with enlargement of the spleen. Clinically the disease is characterized by continued leukopenia, relatively slow pulse, and a rose colored eruption occurring usually in crops over the abdomen."

Dr. A. H. Gordon, in his recent paper on typhoid fever, says regarding the prevention of the disease in a community, "Eternal vigilance is the price of safety." It is a preventable disease, and has two definite modes of infection: water, including ice; and milk, including ice cream, are the two main sources of the disease, but butter, cheese, shell fish, raw oysters, flies, dust, contact, and carriers may be added. Osler says that the amount of typhoid fever is an "index to the sanitary intelligence of a community." All nurses, therefore, whether actively carrying on their profession or not, have a definite duty in this respect.

There are certain well defined methods of procedure for caring for a person who has acquired the disease. First, isolation is necessary, and as this can in the majority of cases be better carried out in hospital, the patient should be sent there if possible. Many, however, cannot be given this opportunity, having to be looked after at home, and it is for the nurses caring for these patients that the present observations are intended. The purpose of isolation is to ensure quietness for the patient, with the minimum risk of infection for the others in the house.

The incubation period is from five to fourteen days, usually about ten days. Generally, the onset is marked by a dull headache, slight general aching, poor appetite, inability to carry on usual occupations without fatigue; drowsiness during the day, disturbed sleep at night. Epistaxis is a very common symptom. The typical temperature curve is a step-like rise for a week; a fairly constant level for the next ten or fourteen days, then a step-like fall to normal within ten days to two weeks. There are, of course, frequent exceptions. The pulse as a rule remains low, below 100, for the whole course; the blood pressure is low. About the end of the first week the rose spots appear on the abdomen, chest and back, lasting three to five days.

Quoting from Dr. Gordon: "We might compare an attack of pneumonia to a hundred yard dash, and a tbc. infection to a five mile run, and typhoid fever to one-quarter mile race which has to be run out at top speed all the way, with often the need for a sprint near the finish. The four

principles of defence necessary in the treatment are: (1) conservation of the patient's natural methods of defence, (2) elimination as far as possible of the poisoning agents, (3) reclamation or reconstruction of his damaged tissues, and (4) alleviation of his discomforts, which to him indicate the real presence of his malady: e.g., rest in bed accomplishes conservation and alleviation, and the administration of fluids will both alleviate and eliminate."

Choose the quietest and airiest room possible and compatible with water and drainage facilities. Strip it of unnecessary furniture and hangings during the time the patient is confined to bed. Extra things can be added when the convalescent stage is reached. If it is in summer arrange to have the windows and doors screened. Have, if at all possible, a single bed which can be raised to a convenient height. Cover the mattress with a blanket, then a rubber.

Other equipment necessary will be an ice bag, hot water bottle, bed-pan (urinal), enema can, an extra rubber, two sponges, a feeder, and a good disinfectant solution. Izal 1-20 solution left in the bed-pan for from one-half to one hour before the contents are emptied is recommended.

If the patient has long hair have it cut.

When there are two nurses there will be few difficulties, but if there is but one she must train someone in the family to take her place when off duty. This is important both for the patient and the other occupants of the house. The instructions as to how to avoid catching or spreading the infection must be definitely given. The nurse should be equally careful.

In considering the actual care of the patient let us take the question of baths. These soothe the patient and increase his feeling of well-being. A well given bath at night will usually put a restless patient to sleep. For temperature of 102 by day or 103 by night, it is customary to give a cold sponge for twenty minutes, ten minutes to each side of the body, followed by an alcohol rub. Drugs have very little use in a case of uncomplicated typhoid.

The cleansing of the mouth is one very important feature. The lips become dry and the teeth covered with sordes. The tongue is usually covered with a thick greyish fur, with the border bright red. This type of clean and furred tongue is called the "Typhoid tongue." The perfect cleanliness of the mouth of a typhoid patient is perhaps the surest index of a good nurse. On this depends to a large extent the patient's appetite. It reduces to a minimum his chances of developing otitis media, parotitis, or broncho-pneumonia. Ample water intake, which means 3,000 to 4,000 c.c. (i.e., 3 to 4 quarts) a day, is the first essential. Then the mouth must be thoroughly washed, using absorbent wrapped around the finger (nurse should have a rubber glove) after each and every feeding. If very difficult to clean an irrigation of a large quantity of weak solution of potassium-permanganate may be used, also a mouth wash of glycerine and lemon or boracic acid following, and in between feedings educate the patient (if necessary) to chew gum. This was found to be very helpful in the last epidemic of typhoid. Some doctors advise a nasal oil spray once or twice a day.

The patient's back is the next consideration. This must be washed and watched constantly and carefully. After every bath and sponge it must be rubbed with alcohol and powdered. Every hour unless contra-indicated a patient's position should be changed in order to aid circulation and relieve pressure. The back needs rubbing every four hours at least.

Constipation as a rule is more common than diarrhœa, and, as will be discussed later, diet can be arranged to alleviate the one or the other. The accepted method of bowel elimination is a soap-suds enema every second

day. This ought to be given in the morning before the bath, as the patient is then usually less tired and it makes him more comfortable for the day. A moderate degree of abdominal distension is usual. Purgatives should be avoided.

The urinary output will be increased and the bladder kept in good condition by a large intake of water. The urine is inclined to be heavy and highly coloured. Both the stool and urine should be disinfected in the pan with the best disinfectant available (Izal, if possible, 1-20 solution for one half hour) before being emptied into the general drainage system.

The danger of infection from stool and urine, excepting carriers, is over in about six weeks. The absence of infection should be confirmed by a laboratory test (i.e., culture of stool and urine) before the patient is allowed complete freedom.

Typhoid fever usually runs true to type and with well treated cases the danger of complications is lessened, but the nurse must be forever on the watch for sudden changes in the patient's condition. The patient should never be left alone.

The marked daily variation in temperature observed during the decline of the fever is associated with sloughing of Peyer's patches, which accounts for the septic character of the curve. Sometimes the course is atypical and the fever falls by crisis. Persistence of an evening rise of temperature indicates that the infection has not subsided and increases the probability of a relapse or some complication.

During the third week is the common time for a haemorrhage. A sudden drop in temperature, rapid pulse, low blood pressure, pallor, coldness of extremities, tarry stool with blood clots are the evidences of this condition. To quote Dr. Gordon: "Now is the time to stop food, stop sponging, stop turning, stop visitors, stop enemas, stop talking! and maintain a certain degree of 'statuesque immobility.'" The foot of the bed should not be raised unless the loss of blood is so great that syncope occurs, because it only increases blood pressure. Morphine is indicated at once. Apply ice bag to abdomen. After six or eight hours give sips of water, after 24 hours small amounts of liquid. Catheterize if necessary. After 12 hours put a pillow under one side to relieve pressure on the sacrum and cleanse this region and rub with alcohol. Then in a few hours the other side, and so on, increasing the diet and movements cautiously and slowly.

Abdominal pain rarely accompanies a haemorrhage and should make one suspicious of a perforation. This usually happens at the end of the second or third week in convalescence. Sometimes a slight pain or tenderness may be noticed in the abdomen, but generally the onset is sudden, with severe pain, which involves the entire abdomen, associated with bladder irritability and frequency of micturition. It gets worse with deep breathing or change of position.

The temperature is variable: there may be a sudden rise or fall, or it may stay the same. The pulse rate usually is increased, but not always. This condition, of course, must be reported to the doctor at once.

The rapid wasting of body tissues going on for weeks, the lessened appetite, the impairment of gastric and intestinal digestion, all demand food ample in caloric value, reasonably attractive, and assimilable and free from residue. Most authorities give 2,500 to 4,000 calories per day as the necessary requirement. Some sort of nutrient food should be given every two hours while the patient is awake. The protein should average about 1½ gms. per kilo of body weight during the course of the disease. The carbohydrate should be high in order to spare the protein. Water intake should be 3,000 to 4,000 c.c. daily and must be given at fixed intervals. Divide the amount up into a definite

number of doses and give it regularly and systematically.

To obtain 3,000 calories in milk, cream and sugar, it is necessary to give 1½ quarts milk, 1 pint of cream, and ½ pound of sugar.

The diet given below may be used as a guide.

Diet No. 1 (1st week)

Values:

P. - 65 grams.
F. - 80 grams. } Calories, 1519.
CHO. - 124 grams.

7 a.m.
11 a.m. } Milk - 180 c.c.
3 p.m. } Cream - 10 c.c.
7 p.m.

9 a.m.
1 p.m. } Milk, 180 c.c.
5 p.m. } Egg, 1.

1 Night Feeding

Milk - 180 c.c.
Cream - 10 c.c.

Lactose for the Day, 50 grams.

Diet No. 2 (2nd week)

Values:

P. - 66 grams.
F. - 78 grams. } Calories, 1808.
CHO. - 176 grams.

7 a.m.
11 a.m. } Milk - 180 c.c.
3 p.m. } Cream - 20 c.c.
7 p.m.

9 a.m.
1 p.m. } Milk, 180 c.c.
5 p.m. } Egg, 1.

1 Night Feeding

Milk - 180 c.c.
Cream - 20 c.c.

Lactose for the Day, 100 grams.

Diet No. 3 (3rd week)

Values:

P. - 74 grams.
F. - 109 grams. } Calories, 2334.
CHO. - 248 grams.

7 a.m.
11 a.m. } Milk - 200 c.c.
3 p.m. } Cream - 40 c.c.
7 p.m.

9 a.m.—Milk, 200 c.c.
Egg, 1.
1 p.m.—Milk, 200 c.c.
Egg, 1.
Mashed Potato, 50 grams.
5 p.m.—Milk, 200 c.c.
Egg, 1.

1 Night Feeding

Milk - 200 c.c.
Cream - 40 c.c.

Lactose for the Day, 150 grams.

Diet No. 4 (4th week)

Values:

P. - 75 grams.
F. - 117 grams. } Calories, 2831.
CHO. - 350 grams.

7 a.m.
11 a.m. } Milk - 200 c.c.
3 p.m. } Cream - 50 c.c.
7 p.m.

9 a.m.—Milk, 200 c.c. Egg, 1.
1 p.m.—Milk, 200 c.c.
Egg, 1.
Mashed Potato, 50 grams.
5 p.m.—Milk, 200 c.c. Egg, 1.

1 Night Feeding

Milk - 200 c.c.
Cream - 50 c.c.

Lactose for the Day, 250 grams.

Diet No. 5 (5th week)

Values:

P. - 84 grams.
F. - 143 grams. } Calories, 3323.
CHO. - 402 grams.

7 a.m.
11 a.m. } Milk - 200 c.c.
3 p.m. } Cream - 50 c.c.
7 p.m.

9 a.m.—Milk, 200 c.c. Egg, 1.
Toast, 50 grams. Butter, 15 grams.
1 p.m.—Milk, 200 c.c. Egg, 1.
Mashed Potato, 50 grams.
5 p.m.—(Same as at 9 a.m.)

1 Night Feeding

Milk - 200 c.c.
Cream - 50 c.c.

Lactose for the Day, 250 grams.

Diet No. 6 (6th week)

Values:

P. - 102 grams.
F. - 167 grams. } Calories, 4358.
CHO. - 582 grams.

7 a.m.
11 a.m. } Milk - 200 c.c.
3 p.m. } Cream - 50 c.c.
7 p.m.

9 a.m.—Milk, 350 c.c. Egg, 1.
Toast, 50 grams. Butter, 15 grams.
1 p.m.—Milk, 350 c.c. Egg, 1.
Mashed Potato, 50 grams.
5 p.m.—(Same as at 9 a.m.)

1 Night Feeding

Milk - 350 c.c.
Cream - 50 c.c.

Lactose for the Day, 400 grams.

A mixed diet for the early convalescent stage may be made up of highly nutritious soft foods, such as jellies, jams, strained honey, lactose, cereals, syrup, candy, for carbohydrates; butter, cream, cream soup, cream toast, egg noggs, ice cream, for fats; milk, eggs, cream, malted milk, rice pudding, prune whip, custard, tapioca, gelatin, chocolate or cocoa, for proteins. Puree green vegetables, baked and mashed potatoes also.

If flatulency is troublesome, reduce the sugar for a time; if diarrhœa, cut down the fats or carbohydrates. Discretion must be used in the choice of foods. If there is nausea give broths, tea and fruit juices rather than the heavy creamy mixtures. Barley water and malted milk for two or three days are helpful in stopping diarrhœa. If not successful, bismuth in fairly large doses can be used.

When the patient has been without fever for ten days the diet may be lowered. When the temperature is normal the patient may be propped up in bed. A few days after the temperature is normal, he may be allowed up in a chair. Then he may commence to walk very slowly. It is months before a typhoid patient is fully able to carry on his regular life.

It is quite evident that nursing a case of typhoid fever taxes a nurse's ability, ingenuity, perseverance, powers of observation, and her knowledge of dietetics to the utmost, but a well cared for patient is not only a great relief to the doctor in charge, but a great satisfaction to the nurse herself.

Professional Development

By FLORENCE H. M. EMORY, President, Registered Nurses Association of Ontario

The Registered Nurses Association of Ontario is completing the second year of reorganized effort. It may be likened to a child surviving the period of infancy and launching out into experiences of early childhood. Students of that period are aware that if normal development takes place physical and mental needs must be recognized and heeded. They tell us that physical defects are acquired and that distinctive personality traits appear. Of the latter, those which are desirable are encouraged and the undesirable inhibited. To pursue the analogy further: during the first two years of its existence our professional association has, necessarily, given much attention to setting in motion the machinery of sound, effective organization throughout our province. Of late there are indications that the toddler is aware of and re-acting to her surroundings and is becoming increasingly articulate. During the development period the organization will do well to guard against policies which may mar future usefulness, and encourage those motives and attitudes, in its membership, which will bring to fruition its most worthy purposes. So shall we add to the foundation of normal infancy a superstructure of happy childhood and vigorous, wholesome adult life.

"All progress is an unfolding," wrote Emerson. Agreed that progress is conditioned by normal growth and development, let us discuss certain auxiliaries, collective and individual, which are facilitating the desirable development of our organization. Worthy *objectives* are stimulating: aspiration not contentment is the keynote of progress. Our organization has adopted three: to render service in the interest of the *public;* to advance educational standards of *nursing;* and to maintain the honour and status of the *nursing profession.*

Hospital care for the average wage-earner at a rate which he can afford and the development of visiting and hourly nursing services, both of which are factors in the care of all classes, particularly the citizen of moderate means, are problems confronting those engaged in health and sick nursing. In both instances our professional organization, if intelligently progressive, may contribute to their solution. With a provincial maternal mortality rate of 7.2, and that of the Dominion little lower, the appointment by our association of a committee to study the relation of the nursing profession to maternal care in Ontario is timely. In the report of the Federal Department of Health on Maternal Care in Canada just published, significant facts are given. During the year dating July 1st, 1925, to July 1st, 1926, fifteen hundred and thirty-two Canadian mothers lost their lives as the result of childbirth. Had those mothers lived in Denmark instead of Canada one thousand of them would not have died. Quite apart from contributing factors and varying circumstances, such an assertion is humiliating to national pride and constitutes a challenge to all medical and nursing groups.

In the advancement of educational standards of nursing the organization has participated. Witness the successful efforts of the committee formed two years since to consider the establishment of a course for instructors in the University of Toronto. Witness the large enrollment of the course for instructors at Western University, London, last summer, made possible through the co-opera-

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tion of the Registered Nurses Association of Ontario. Benefits which accrue from organized effort, provincial, national and international, are numerous and far-reaching. I ask you, what could have more significance in educational values than the meeting of the International Council of Nurses to which Canada is hostess in 1929? Who will deny that the mingling of enthusiasm born of a new country with traditions the product of the centuries shall result in other than mutual benefit? We dare to hope that nurse leaders from England, the mother of modern nursing and of us all, will interpret something of the spirit revealed during the Victorian period and existing to a marked degree in the profession of today. We are convinced, too, that our European sisters will contribute those qualities and ideals which have made nursing distinctive in their own countries. All this, I submit, influences the maintenance and advancement of educational standards.

The third objective relates to the nursing profession. Our organization in ways varied but effective is assisting in maintaining the honour and status of the profession. Through interest in the preparation of nursing personnel and in a consideration of problems affecting the entire group, toward this objective a contribution has been made. In short, the goal is far distant but the race is begun.

A second aid to development is *activity*. The law which operates in the physical world is applicable to organized effort, namely, growth is conditioned by exercise. The activities of the association are revealed in district, section and committee interests. The majority of the district associations are well organized and their development is satisfactory. Independence and ingenuity evidenced by our northern groups have been a revelation to the most sanguine. To date, membership in the organization has grown steadily; December, 1927, showing an increase of approximately one hundred and thirty per cent. over that of April, 1926. Your president is convinced that increased effort must be made in securing the interest of graduating classes. The discrepancy between potential and actual membership is great, and the small percentage of the members of some alumnae associations who have joined their provincial organization is disconcerting. Nor can it be said that subscriptions to our professional magazine have materially increased, although the content and arrangement of material furnished by Ontario has improved. The securing of an able secretary on a part-time basis and the purchase of a typewriter have contributed much to a successful year. The spirit which permeates the group, intangible though it be, is an invaluable asset. On the whole, progress made since reorganization is satisfactory. Until our membership is materially increased, however, we shall continue to be handicapped in meeting the legitimate demands of the association. In brief, there is need for increased and purposeful activity in the development of our organization.

Collective or group development is dependent on the growth of individuals. Individual unfolding in turn is enhanced through the cultivation of high *ideals*. "Blessed is he who carries within himself a god, an ideal, and who obeys it," spoke Pasteur of Lister. The cultivation of a sympathetic attitude, an unprejudiced judgment and an optimistic outlook will contribute to the realization of the ideal, and through individual attainment influence professional development. *Participation* is one method through which individual ideals are reached and growth assured. It may be that activity in professional affairs will mean the sacrifice of personal time. It usually does. If that time were equally shared by all members of the profession individual sacrifice would be less. Active participation in professional interests

will demand a certain portion of our income. The debt of the average nurse to nursing interests may be met decently if not adequately by the expenditure of not more than one per cent. of her income. In an endeavour to apply this statement in an address given recently, your president made bold to assert that the average nurse spends ten dollars on a pair of shoes or a hat ungrudgingly, but if the same amount were asked in professional dues, in some instances it would be denied. The reaction of two members of the audience was typical. One said, "I approved of what you said with the exception of the reference made to the cost of a hat. I have never paid that much for mine." Another said, "Who is your milliner? With bobbed hair in vogue and mine still long, I cannot find a hat at that price."

To be serious, the nurse who is in earnest about the needs of her profession will contribute time and money and one thing more—influence: that intangible but powerful thing. The greatest physician of his generation advocated and influenced professional organization. Of Osler it is said, "No one of our day has in his life's teaching and example so radiated far and near an inspiration to his fellow-physicians. Wide and accurate learning, enthusiasm in the pursuit of truth, a character in which elevation and charm are singularly marked and rarely blended, a personality which wins perforce the love, admiration and respect of all who come within his influence." If the great Osler found professional organization a necessity, how much more should those of less attainment feel its need. Our query in regard to such organization should not be What can I get? but What can I give? Should we approach the coming sessions with that thought uppermost we shall find that each one will have something to contribute and that we shall in all probability benefit in proportion to the degree of our participation. Are we prepared to learn each from the other and to teach that which is the result of the year's experience?

And now may I suggest two attributes upon which further growth is dependent: *clear thinking* and *vision*. "For a thousand who can speak there is but one who can think; for a thousand who can think there is but one who can see," said Ruskin. It is easier to follow routine blindly than to travel new paths of thought. Clear, comprehensive, scientific thinking is a quality of sound leadership. Emerson put it this way, "God offers to every mind his choice between truth and repose. Take which you please, you can never have both."

And what shall we say of that second attribute: vision? When the western trade winds blowing for weeks had cast drift-wood upon the shores of Spain, Columbus's eyes fell not only upon the strange wood but also upon a pebble caught in a crevice. His imagination leaped from the pebble to the Western continent of which the stone was a part, from the tree to the forest in which it grew. Such is the power of imagination: such is the power of vision. It lifts one from things as they are to that which they may be. It is a potent factor in development.

Our childhood was pleased with the legend of the old monk who was shipwrecked alone on a desert isle. He always carried with him a few roots and seeds. Planting them, he died, but sailors coming twenty years later found the isle waving with fruit trees. Let us resolve that twenty years hence the nursing profession in Ontario shall be indebted to us for the planting of seeds, the fruits of which they enjoy. Let us resolve that through development, collective and individual, the present year shall witness progress in the realization of objectives which, though difficult of attainment, are worthy of our best endeavour.

Peking and China's Medical World

By KATHRYN ROSS

Few cities have a more wonderful or more ancient history than that of Peking. In 1200 B.C. the city was under the Chang Dynasty and not called Peking in these days but "Chi." The twenty-eight successive rulers of the Chang Dynasty controlled her destinies for six centuries. During the Tsin Dynasty, 12 B.C., it was destroyed, but such was the influence and tenacity of the old Tartar adherents, the city was soon re-built and regained its former position, becoming in the 4th century A.D., capital of a Tartar State. Peking, however, did not become the real capital of China until the Yuan Dynasty, when Kublai Khan, 1260 A.D., restored the city giving it the name of Cambalnc and enclosing it within a wall of twenty-two miles in circumference.

The many beautiful palaces, of which I shall tell you presently, date back to this period of occupation by the Mongols. Marco Polo's visit to China occurred about this time, and his account of the reception accorded him, tells of the great splendour of the Court of Kublai Khan.

Located on a flat, dusty plain, where sand storms from the Gobi desert are frequent, surrounded by a brick wall, the former mud walls having been replaced by brick in the 14th century, it is hard to visualize the beauty of the city within. The Chien-men gateway is the entrance to the city, through it one can see thousands pass day and night: camel trains, rickshas, coolies with loads, Peking carts, old-fashioned carriages drawn by Mongolian ponies, the carriages looking exactly as if they had crossed from London in the "Polly Peachum" Days of the Beggars Opera, but, I suppose, owned in China long before Londoners' early gay days were thought of. Over the Chien-men gate is a towering pagoda. This is most impressive and from the summit of the wall, the best general view of the city is obtained. It is quite "the thing" to walk on the city wall: one can go a long way and feast ones eyes on the ever-changing and varied scenes below. Coming in through the Chien-men, one turns to the right, in which part of the city the Foreign Legations or Embassies are quartered: the British, American, French, Portuguese, Dutch, Swedish, German and Russian Embassies. To the north may be seen the greater part of Imperial and Forbidden Cities. The brilliantly coloured roofs of the palaces, the lovely gardens, temples and pagodas, and the glorious western hills in the distance, combine to form a picture which cannot be found anywhere but in this ancient capital.

All of you no doubt have seen pictures of the Temple and Altar of Heaven, where the son of Heaven, the old Emperor of China went to worship. Some day if you get the chance, read the account of this grand and impressive ceremony, it is worth while. The altar is made of beautiful white marble, tier after tier rising up against the background of old cypress, fir and pine trees. Seeing it in the moonlight makes one think of a frosted wedding cake set in the centre of a beautiful garden with all the lavish beauty of nature surrounding it. The beauty of the place is most inspiring and fills one with awe and the spirit of worship.

The next beautiful place is the celebrated summer palace where the

old Empress Dowager, likened by some of our historians to Queen Victoria, held sway with such pomp and glory, and the summer resort of the imperial household until 1909. A road from Peking built to accommodate the traffic of high officials and their big retinues, and kept thronged during the seasons when court was held at the palace, leads one by motor to the main entrance of the palace. Inside the gate one sees that the palace consists of many halls roofed with yellow and green tiles, rising one above the other in terraces on the side of a hill. The beauty of the place is exquisite, the colour, the gleaming marble, the terraces, reception rooms, the Altar of Worship, away up on the top of the hill, with thousands of cute Buddah faces adorning the walls, and down on the level beyond the long walk from the main entrance is a theatre where the fascinating old lady whiled away moments, when not busy with the matters of state.

The winter palace, where now on one side some of the state officials reside, is a cluster of buildings, parks and groves, west of the forbidden city. On one side is the large lake and separated by a bridge is where the officials live—the other side is open to the public. Here are tea houses out in the open, gay coloured house-boats which float up and down the lake, Chinese lanterns hang among the trees, and one notices how very cosmopolitan are the people who gather there. In the winter, Peking's young gather here for skating; the months of December and January are quite cold and they enjoy this winter sport immensely.

An interesting place is the Llama Temple, because of a special feature —the ceremony of the Devil Dance, which is held on the 30th of the first Chinese moon. This temple is the Metropolitan Embassy of the Thibetan Buddhist Hierarchy, which has its seat in Lhassa on the roof of the world. A curious sight here is a huge Buddha, a giant over sixty feet in height.

There are other temples — the Temple of Confucius, dedicated to this old Chinese philosopher. In the grounds are many lovely, old oak trees. Then there is the Pi Yun Ssu Temple, in the western hills—the English translation being "Temple of the Green Jade Clouds." This temple was built by early court officials under the Mongols. In one of the halls there are 500 statues of the disciples of Buddha, in perfect preservation.

The fascination of Peking, the capital of China, the oldest civilization in the world, is not only in her ancient history, but in her modern history as well—old China linked up with new China, the legations and colleges, foreign and Chinese, the many educated and interesting Chinese who live there in fine, old, Chinese homes, and a great many of whom mingle with the Europeans and Americans, bring into modern life in Peking a new atmosphere and charm.

Not far away is one of the rug factories where the far famed "Peking rugs" come from, the Fetti rugs. When I visited the factory Mrs. Fetti showed me some drawings which had been made by a famous Scotch artist, Miss Hotchkiss; these were copies of old vases and scenes from paintings and embroideries, as well as original motifs of her own, which were to be worked into the rugs about to go into the loom. The designs were exquisite and the colourings almost identical with the old soft Chinese colours.

There is a street called for Marco Polo—"Rue de Marco Polo," and another "Morrison Street," and another "Rue de Paris," and so on. Down near the city gate where the soldiers enter the city, is a Russian quarter where hundreds of poor Russians merely exist, but outside

the city gate, the "Chien men Yu" is where one sees real Chinese life. Here whole streets are given over to the selling of a single article—Flower Street, Jewellery Street, Box Street, Fur Street, Silver Street, Lantern Street, Silk Street, and so on.

I can't take up space to tell you as I would like to of the western hills outside the city, where are so many other famous temples, and in days gone by where great warriors retired after battle. In some of the places, old palace grounds and hunting parks, and in some of the beautiful gardens, these old warriors have been buried, laid to rest amidst all the beauty they so loved when alive.

The Forbidden City lies within the Imperial City, and contains the Imperial palaces. The boy Emperor now resides in Tientsin, other members of the family are still in Peking.

At the present time, particularly while the Nationalists are forging ahead in the north, the hospital of the Peking Union Medical College is the centre of medical service in north China, and at all times since their work has been established there, the P.U.M.C. has been considered the A. 1. hospital and medical college, introducing modern standards of medical education to China.

The buildings, the architecture of which blends in harmoniously with old Peking, are built on the site known formerly as the palace of the Prince Yu family. The Chinese play on the word, and by changing a tone, call it sometimes the "Oil Man's Palace," and coolies possessing about six words of English, have been heard to call it the "Locky Fello Foundaish," being interpreted in English, "The Rockefeller Foundation."

When the work was started, the Rockefeller authorities decided to use the English language as their medium of instruction at the P.U.M.C,. and on the staff there are young Chinese who have been graduated from Yale, Harvard, Oxford and Cambridge, as well as from some of the excellent medical schools in other parts of China. The head of the department of physiology is a young Chinese who had a brilliant career at Oxford. Many of the other Chinese members of the staff are clever and capable: the foreign members, mostly Americans and British, with one Austrian and one Russian, are usually men and women of success in their respective lines.

Many wounded soldiers pour into the hospital daily, and the staff, which is fairly large, is overtaxed. Excellent facilities, comparing with the best equipped hospitals in Canada and the U.S.A., are to be found there. Nurses and doctors, with equipment, go out near the firing line, setting up temporary hospitals. The Social Service and Red Cross units organize bands who go out into the country towns, carrying back into the city on crude stretchers many of the wounded. Many are left to die from lack of attention. In the temples around any of the cities and towns may be found hundreds of these wounded soldiers who have crawled there for cover, and are left to die. The staff of the P.U.M.C. and other hospitals: the French and German, and the Mission hospitals, do all in their power to alleviate the suffering while active fighting is going on near and in Peking.

In Europe there is the saying, "All roads lead to Rome," but in China it is, "All roads lead to Peking." As a hub is to a wheel, so is Peking to the medical world of China. Chinese students, graduates from all over China, come to Peking for post-graduate work, getting there a breadth of outlook and training which proves of great value to them when they return to their individual schools. The nurses training school of the P.U.M.C. is co-

educational, as likewise is the medical school.

In 1909 a Nurses Association of China was formed and the success of the association has been remarkable. The object of the association is two-fold: First—To establish the status of the nurse in China by enrolling under one organization, all foreign and Chinese graduates who have received a full course of training. Second—To protect the standards of the nursing profession by standardizing the curriculum and examinations, and the minimum requirements of all training schools that desire to register themselves under its auspices and to secure its diplomas.

The association has an annual conference, and foreign and Chinese nurses meet and discuss the problems concerning the Chinese and nursing world in general. These young women and men (for there are just as many male nurses) are wide awake to China's need, and year by year the number of graduates from registered hospitals with N.A.C. examinations, are of great satisfaction to China and to those interested in China's progress in medicine. The N.A.C. has set a high standard of curriculum, demanding a full three years, and in some cases four years' course, followed by examinations in the various subjects. I have compared the N.A.C. course of training with the courses given by some of our prominent training schools in Canada, and find the standard just as high and the examinations, if anything, more difficult. The association is doing its best also to instil the highest ideals into the minds of the students and graduates.

China, as a nation, is going through a stupendous upheaval, educational, industrial and political revolution being only a few of the factors accompanying civil war.

Those of us who have been to China, love to picture her glorious country places, love to picture the peasants of China, the old men and women, and the very young; China's children of the soil who have always known war, often not realizing what it is all about. We know that in spite of present conditions, in spite of the dark cloud of war which envelops her country from north to south, that nature, who has ever lavished natural beauty on China, will again blossom forth in all her beauty and loveliness of spring and summer; for them the spring festival will go on; little children will play on the city walls flying their kites away high in the air—those beautiful playthings made to resemble flowers and fish and birds and animals — the wistaria will blossom again and the air will be sweet with the odour of the golden oil flower, one of the most exquisite odours on earth, the red poppy fields will glow in the south and west. Those of us who know and love China, who have Chinese friends of sterling character and exquisite grace and charm like Madame Yu, and others, will watch with sympathetic hearts the outcome of this national upheaval, and long for her the dawn of happier days, where their laughing Buddha may come again bringing peace.

The Canadian Council on Child Welfare has recently published in pamphlet form an article on Rickets, by O. A. Cannon, M.B., F.A.S.C., Director, Division on Child Welfare, Department of Health, Hamilton, Ontario. Copies may be secured by writing the Executive Secretary, Canadian Council on Child Welfare, 408 Plaza Building, Ottawa, and asking for C.C.C.W. Publication No. 44, Child Hygiene Series.

Quebec—Gateway to the Dominion

The first comprehensive glimpse of Canada which the delegates from across the Atlantic to the Congress of the International Council of Nurses will receive will be the mediæval towers of Quebec, reminding them startlingly of the Old World. Quebec is one of the oldest, if not the oldest, city in North America, and it is certainly the only fortified one. It is the eastern gateway to the Dominion, and the history of its development has been called the history of Eastern Canada.

As a summer and winter resort, Quebec is now unsurpassed on the continent, and delegates to the congress will find much to fascinate them in the ancient capital. There is much to see worth two or three days' stay within its quaint walls. Commanding the St. Lawrence River for many miles, Quebec stands on a rocky promontory facing its sister city of Levis, on the opposite side of the mighty river. On the famous Dufferin Terrace the youth and beauty of Quebec promenade in the evenings under the glorious Canadian sunsets.

Quebec is, of course, famous in British history as well as in French. Where now English and French civilizations mingle harmoniously, one of the fiercest struggles for the New World took place: the battle of the Plains of Abraham. The visitor will be shown the place where General Wolfe and his hardy soldiers are said to have climbed up the face of the cliff, at Wolfe's Cove, and surprised the gallant Montcalm in the now famous struggle of the Plains.

The harbour is one of the most important in the Dominion. The dock equipment includes a 2,000,000-bushel grain elevator, with conveyors, and sixteen miles of railway tracks and plenty of accommodation for ocean liners. It is here that these liners dock on their way to Montreal from Europe and disembark third class passengers and any others wishing to commence their tour of Canada at Quebec. Quebec is also a port of call on the eastbound voyages of these liners.

Plenty of accommodation is to be had in Quebec, from the luxurious comfort of the Chateau Frontenac to the more modest accommodation afforded by the smaller hotels and boarding houses scattered throughout the city. The cost of living in the town ranges from $2.50 a day up to whatever one may wish to pay.

Trips out of Quebec include one to the famous St. Lawrence Bridge, under which the ships pass, and an unforgettable excursion to the famous shrine of St. Anne de Beaupré. To this shrine come hundreds of thousands of tourists every year from all parts of the world. The shrine was destroyed by fire in 1922, and is now being rebuilt. The drive by motor along the river separating the mainland from the Isle of Orleans is one of the most beautiful drives to be had in America. Coming back one sees Montmorency Falls—over 100 feet higher than Niagara—from the terraces of Kent House, once the residence of the Duke of Kent. There are many other excursions which the delegates to the Congress could take if time permits. There is the trip, for instance, to Baie St. Paul, on the north shore of the St. Lawrence, just beyond Ste. Anne de Beaupré. The old manor-house, built in 1718, is still standing, with its walls over two feet thick, and great stone chimneys.

Other trips which could be taken are to Murray Bay, and Tadoussac, at the mouth of the Saguenay River, and to resorts on the south shore, like Riviere du Loup, Kamouraska, and to the Gaspé Peninsula, where some of the finest marine landscapes are to be enjoyed, also some of the best fishing on the continent.

Responsibilities of the Hospital Dietitian

By R. CRESLOCK, B.H.E., Gray Nuns' Hospital, Regina, Sask.

Science has done more to make the world healthful and happy than most of us realize. Dietetics is one of the newer sciences, but it has already accomplished so much in the prevention of illness and in curing the sick that hospital executives are beginning to appreciate the necessity of having someone who is scientifically trained to take charge of the dietetic department. In order to meet this situation the dietitian has been trained, and now all the larger hospitals, and many of the smaller ones, employ a dietitian. Today in many hospitals the dietetic department ranks equal in importance with the x-ray, the pharmacy, and physiological laboratory.

An editorial in a recent number of *The Modern Hospital* carries this message: "The heart of the hospital is in its dietetic department. That department can create the greatest dissatisfaction in the shortest space of time, and, conversely, it can do more to help in a hospital than almost any other single part of the organization."

Whether you agree with the sentiment of this statement or not, you will agree that it presents an idea worthy of very serious consideration.

Many hospitals are earnestly debating the advisability of adding a dietitian to the staff, but those in charge are loath to do so until they have a more definite idea of the services a dietitian will render the hospital. The purpose of this paper is to describe briefly the responsibilities which a dietitian may assume, depending, of course, on the size of the hospital. Hospitals of one thousand beds may have a chief dietitian and four to six assistants: in smaller hospitals of one hundred beds one dietitian may assume complete responsibility, depending somewhat on the organization and the type of work done. The duties of a dietitian come under two classes: administration and teaching.

The administrative duties of a dietitian are many and diversified. They may include:

1. The planning and arrangement of equipment of dining rooms, kitchen and food store rooms.
2. The purchasing of equipment.
3. The purchasing of supplies.
4. Employment and supervision of kitchen help.
5. Planning, preparation and serving of all food.
6. Recording results.

Now to return to the first point, the planning and arrangement of dining rooms, kitchen, and food storerooms. Does it not seem reasonable that she who is going to use the equipment should be allowed to arrange it, with a view to satisfactory service?

Referring to the second point, the one who will use the equipment will no doubt be in a position to make a wise choice, knowing the use it will be put to and the wear and tear of daily usage.

Thirdly, the purchasing of supplies.

When the dietitian is responsible for satisfactory food services to the consumer it seems wise to have her choose and purchase the food. When this is not practicable she should be free to requisition for what is best suited for the food service.

In regard to the employment of kitchen staff: since the dietitian is responsible for the training of those who work in her department, and for the work they do, do you not think that she should be allowed to engage them and that they should be responsible to her?

The wage problem often presents a serious difficulty. I do not believe we

(Read at the annual meeting of the Saskatchewan Registered Nurses Association, April, 1928.)

shall arrive at a satisfactory solution to this problem unless we offer a wage which will induce the right type of girl to enter the service. A plan that is followed in some hospitals, and one which gives excellent results, is to start on a certain wage. After six months' service the wage is increased regularly until the maximum is reached. An employee takes more interest in her work and in the institution when there is an opportunity of improving her position.

But what is more important than any of these duties is the dietitian's responsibility for the planning, preparation and serving of all food consumed by patients and personnel. The hospital has the right to expect that the meals should provide sufficient protein, fat, carbohydrate, minerals, and vitamins in correct amounts to nourish the sick as well as keep the personnel in good health. Let us never underestimate the importance of feeding people adequate meals in order to keep them well. Food must not only be served at the proper temperature and in appetizing ways, but meals must be planned in order to avoid monotony. Menus may be planned for a few days or a week in advance and food will then be purchased to suit the menus, instead of making menus to suit the food on hand. Fixed menus for certain days should not be followed as one should never be able to guess what the meal will provide.

Keeping account of meal costs, tabulating results of experience, and printing of standard diets are other duties which may fall to the lot of the dietitian.

Briefly, then, the administrative duties of a dietitian may include the planning and serving of adequate meals, the purchase of food and equipment for her department, employment and supervision of kitchen staff, tabulating records, arrangement of equipment in dining rooms and kitchens, and the storage of food.

Let us now consider the teaching which is part of a dietitian's duty.

1. The dietitian is responsible for teaching the nurses a course in dietetics and in food preparation.

2. For the study of diet in disease.

3. For the nurses' training in the diet kitchen.

4. It is her duty to teach all patients who are required to remain for any length of time on a special or corrective diet.

Recent developments in dietotherapy have dispelled the old idea that all foods were equally good for the patient. It is now recognized that diet is the most important factor in the cure of some diseases and in the prevention of others. It is being emphasized more and more as it is better understood. For example, consider the terrible toll of life anemia took before the value of liver for the treatment of anemia became known.

Granted, then, that the study of dietetics is a very important part of a nurse's training, what preparation is necessary for this work? Before a nurse can hope to get the most out of her dietetic training she should have studied anatomy, physiology, and medical diseases, and she should have a knowledge of elementary chemistry.

The study of foods is necessary in order to lay the foundation for the work in diet and disease, and consequently it should precede the course in dietotherapy. The practical work in food preparation should link up closely with the study of food, with emphasis laid upon the preparation of a meal. One of the problems which dietitians are confronted with is the teaching of a course in food preparation where there is no food laboratory. But much good work is being done.

The study of diet in disease should follow immediately after the course in foods. After this the nurse is ready to go to the diet kitchen for her training. A problem which is common to all of us is how to bridge the lapse of time which often occurs between the theoretical work and the practical work. Undoubtedly the

ideal situation would be to have the nurse take her diet kitchen training immediately after studying diet in disease; but this is not always practicable.

While the nurse is taking her diet kitchen training the dietitian should teach her to plan diets for all patients who are on special or corrective diet. Instruct the nurse to check up the patient's chart and report progress made as a result of the diet given. I have yet to meet a nurse who has not experienced a thrill of satisfaction over seeing her patient recover on the diet which she planned, prepared and served.

Care should be taken that unnecessary work is not done in the diet kitchen. Work loses its educational value when it is repeated so often that it becomes mechanical. Remember the aim of the diet kitchen training is not to turn out a nurse as a first class cook, but to teach her the underlying principles of food preparation, to know the correct foods to be given under certain conditions and to understand why. Let me repeat this, for I think sometimes some people get a wrong conception of diet kitchen training.

After a nurse has completed her diet kitchen training she should return to the ward, where she has an opportunity of putting into practise knowledge gained in the diet kitchen. Nurses are confronted with many problems in giving food to patients on general, light, soft or liquid diets. A dietitian is always glad to help nurses solve their food problems, as it is gratifying to find nurses who are taking a genuine interest in the feeding of their patients.

As stated previously, the dietitian's duty extends to the patient as well as to the nurse. In order to successfully treat a patient by diet it is necessary to win his co-operation. She should visit him frequently—daily if possible—to ensure his interest and discover his likes and dislikes. The dietitian will then be in a position to send him food he will enjoy and also to avoid waste. Explain, if necessary, why he should or should not have certain foods. Nine times out of ten he will appreciate the personal interest taken in him and be glad to receive suggestions concerning his diet. The dietitian must study the patient's chart and should be ready to confer with the doctor regarding the same.

The dietitian must also assume the responsibility of teaching the patient. Diabetes is quite a common disease and anyone who suffers from it must understand the principles of his diet. The patient must be taught to weigh or measure his food. He must be taught the importance of accuracy, and he must know something about food values, and so be able to substitute one food for another. Many patients who are potential diabetics may be spared such a fate by timely advice regarding diet. Frequently a patient is brought to the hospital for treatment and discovers he has a tendency to diabetes. The dietitian must teach him the importance of restricting carbohydrate in his diet and give him a written dietary to follow after leaving the hospital.

Again, the patient who has been convalescing on ulcer diet should know what foods to choose to avoid a recurrence of the illness. For these patients and others—as nephritic, cardiac, or anemic patients—the dietitian must assume the responsibility of teaching diet. A problem which the dietitian encounters when dealing with patients is to have them recognize that publicity work in connection with foods, unless conducted by one who is scientifically trained, is sometimes only accurate to a certain degree and beyond that is very misleading. An excellent example where "a little knowledge is a dangerous thing." For this reason the dietitian must keep up with scientific research to be accurate as possible. She must also strive for very close co-operation with doctors and the hospital staff.

These statements summarize briefly the work that may be expected of a resident hospital dietitian.

And in return for all this, what does she receive? There is the co-operation and appreciation of the attending physician; the sincere gratitude of a patient; and "Thank you for your keen interest"; and through it all comes a thrill of satisfaction when the day is over of knowing she has been partly responsible for sending out someone renewed in health and able to take his place in the busy world. This is her reward, and there is none better.

The Graduate Nurses Association of British Columbia

A review of the history of the Graduate Nurses Association of British Columbia shows how rapidly the organization has developed since its formation in September, 1912, with 62 charter members, and Miss Wright of New Westminster as its first president. The object with which the association was formed at that time was to obtain registration for nurses. Today there is a membership of over fifteen hundred registered nurses, all of whom are members of the provincial organization.

The first officers of the Association were: President, Miss Wright, New Westminster; 1st vice-president, Miss McDonald, Victoria; 2nd vice-president, Miss Helen Randal, Vancouver; 3rd vice-president, Miss Patton, Kamloops; secretary-treasurer, Miss Elizabeth Breeze, Vancouver, with seven other members elected to act as executive officers. It is interesting to note that several members of the original council still take an active interest in the affairs of the association and are acting on the executive committee at the present time. To the efforts of the early members of the association is due the credit of securing the Nurses Act. In order to finance the undertaking many of them paid their registration fees in advance. The passing of this Act was accomplished only after considerable difficulty: twice the Bill was introduced into the House and subsequently withdrawn owing to certain changes being inserted which members of the association considered undesirable.

In 1913 the Graduate Nurses Association of British Columbia became affiliated with the Canadian Nurses Association, and from 1914 to 1918 the activities of the association were devoted to fostering the Nurses Bill and to assisting in work connected with nursing in the Great War: members of the association either earned money to contribute to the fund or actually assisted in the preparation of dressings which were sent overseas. Christmas greetings, as well as a small gift, were sent annually to each of the overseas Nursing Sisters from British Columbia.

In 1916 *The Canadian Nurse* magazine was purchased by the Canadian Nurses Association, its headquarters were then moved to Vancouver, and Miss Helen Randal appointed editor.

In 1917 plans were formulated to provide a temporary home to which overseas Nursing Sisters could return at a small cost. In addition to contributions from members of the association, the Local Council of Women assisted in organizing a tag day. With the proceeds obtained as a result of these efforts a Military Club was established in 1919, under the auspices of the Graduate Nurses Association of British Columbia. It was formally opened in June of that year, when the general meeting of the Canadian Nurses Association was held in Vancouver.

In 1918 the Nurses Bill was finally passed, the association became incorporated and opened a central office in Vancouver. Miss Helen Randal was elected as registrar for the association, and the following year carried out the first survey of training schools in the province.

In 1920 the course in Public Health was established at the University of British Columbia and Rural Health

Nursing was instituted in the province. While these movements cannot be claimed as activities of the association, they marked a progressive step which materially influenced the whole nursing profession and as such were enthusiastically received and supported by its members. The association in this year awarded a scholarship of $1,000.00 to assist one of its members to pursue post-graduate work in the University of Toronto. The association further undertook the responsibility of the inspection of training schools throughout the province, the registrar being appointed to also assume the duties of training school inspector, on behalf of the association.

In 1921 the Military Club House was relinquished, the need for its existence having ceased to be felt. Any assets which had accrued were included in the contribution from the province to the fund created to establish the National Memorial for Nurses at Ottawa. In this year also the examinations for the certificates of R.N. were first held in the province, and the Public Health and Private Duty Committees were formed in the association and began to function as such. The Nursing Education Committee did not, however, come into existence until 1924, when the Canadian Association of Nursing Education became a section of the Canadian Nurses Association.

From 1923 to the present date, each year has possibly not seen accomplished an achievement worthy of individual record, but a continued interest is maintained in the affairs of the association and an effort, bespeaking time and thought, is made by many of its members to keep pace with the progressive movements affecting the nursing profession today.

The activities of the association during these latter years may be briefly referred to as follows:—

(1) *By the Public Health Committee.*

The preparation of a public health exhibit.

The establishment of a reference library for the use of members.

(2) *By the Nursing Education Committee.*

A review of the curriculum for training schools.

The preparation of lesson plans and new type examination questions.

An attempt to assist in the standardization of the preliminary educational requirements of applicants to training schools, also of the records maintained in training schools.

(3) *The Private Duty Committee.*

Have held regular meetings at which interesting addresses have been given and various problems discussed.

(4) During this period there has also been a revision of the Constitution and By-laws.

Under the social activities of the association may be mentioned the entertainment of Dame Maud McCarthy in 1926, when all nurses were afforded the opportunity of personally meeting this outstanding member of the nursing profession in England.

The nurses' banquet has now become a yearly function at the annual meeting and one which is always well attended, as are also the get-together suppers held at regular intervals by the Public Health Committee.

Meetings of the association are held three times a year: at Victoria, Vancouver and New Westminster, respectively, when business is discussed and suitable addresses are arranged for. An effort is thus made to stimulate and maintain a representative interest in the affairs of the association and to afford all members the opportunity of keeping in touch with matters concerning the welfare of the profession and its relationship to the community.

The Presidents of the Graduate Nurses Association of British Columbia, since its inception, are recorded as follows:—Miss Sharley, P. Wright (Mrs. R. Bryce Brown), Miss Helen Randal, Miss Jessie MacKenzie, Miss Elizabeth G. Breeze, Mrs. M. E. Johnson, Miss K. W. Ellis.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

The Building of a Curriculum

By ANNIE F. LAWRIE, Instructor, Royal Alexandra Hospital, Edmonton, Alberta

The conservation and welfare of human life has always been the main consideration of the nursing profession, making it most necessary that there should be a very careful organization and administration of the material of instruction so that our pupils will be prepared to fill this place in the life of the community.

In accomplishing this purpose we will first have to agree on the kind of nursing service which it is desirable or necessary for us to provide for in the every day conditions of modern life in this country. If we decide that it is in the best interests of society to limit the supply of skilled and intelligent nurses and to conceive of the nurse as a sort of capable and obedient upper servant we shall have to plan our curriculum accordingly. If, on the other hand, it is found that the welfare of society is conserved and advanced by having a higher type of nurse, one who acts as the scientifically trained assistant to, not the servant of the physician; one who is fitted to lead in certain important branches of social work, it is decidedly the duty of every school which trains nurses to do its utmost to meet this demand. Such a distinction in aim is fundamental, it is the difference between the training for a more or less skilled handicraft and training for a profession. The increased elaboration in technique, the radical changes in the conception of disease and methods of treating it, including the duties of occupational and psychological treatments, increased emphasis on the prevention of disease including definite teaching by the nurse, and the demand for a high degree of efficiency in every branch of work, all of which throws more and more responsibility on the nurse. These and many other developments have to be considered carefully in preparing the nurse of today and tomorrow.

The art or doing side of any work must have sound thinking to back it up, otherwise it becomes mere automatic, rule of thumb routine. If situations were always the same in nursing and if we could find a rule to meet every kind of situation the nurse might need a very small body of theory to guide her, but since no two situations are ever the same and even with careful direction and supervision in the hospital she must be equipped with the information necessary to enable her to act intelligently and safely. This knowledge will cover a fairly wide variety of subjects.

The school of nursing being an educational institution, the curriculum will require most careful and thoughtful study although it must be adapted to the conditions of each particular institution, it would be disastrous to allow all kinds of temporary incidental considerations to dictate its form and content. It is desirable in any system of education that there should be a certain acknowledged standard, a certain uniformity in the subjects studied and in the relative time given to each. Working from a good model or standard, each school should con-

sider its own special problems, improving on the standard whenever possible, experimenting along new lines, adapting, pruning and changing from time to time to meet the changing conditions and demands in the field of nursing. This is the way all progress comes.

In its broadest sense, the curriculum embraces not only the subjects of study, but the practical experience of the wards, the methods of instruction and discipline, the traditions and spirit of the institution and all the influences which are brought to bear on the pupil throughout her course. How then shall we plan this curriculum? First we must ascertain the length of the course for training, and in this way discover the amount of time that will be allowed for the subject matter. Then we may ask what standard of education is required for admission. The number of hours for duty—is it an eight-hour system or ten hour? What facilities does the school give? What provisions made for teaching? Have they a reasonable teaching staff? Is a preliminary course required? How many hours of ward work does the nurse have to put in? What service does the hospital offer? (Medical, surgical, obstetrical, pediatrics). Do they affiliate with any other school and on what subject? Will all this train the pupil to be a practical social nurse to meet every social condition? What are some of the problems which the nurse will meet? The modern social test is to be able to do all practical things—to meet all emergencies. These and probably many other questions we would have to ask before beginning the actual building of a curriculum.

In starting to do this building it is well to block off our time first in regular periods and then to decide the number of hours which will be available for class and lecture work. Assuming that the length of the whole course is three years, we have about eight or nine months in each year in which regular teaching is usually given. This may extend from September to the middle of May, allowing for two weeks vacation period at Christmas. For a school working on the eight-hour basis it will usually be possible to allow from four to six hours a week for class and lecture work after the preliminary period, which would include practical demonstrations and quizzes but not study hours. There is often a sacrifice of time off duty to class periods, which on general principles should be strongly discouraged. In any case evening work should be eliminated as far as possible because it has been proved again and again that no educational work worthy of the name can be done with overtired students in the fag ends of long days of exacting manual work.

The preliminary course which is now accepted by practically all up to date schools varies from three to four and sometimes six months. One term of four months has been found to be none too liberal an allowance of time for the very essential drilling and grounding in the fundamental principles and practice of nursing. During this time it is better for the pupil to spend practically all the time off the regular ward service though she will be assigned for limited periods to various departments of the hospital for practice; but she is not counted upon as a regular member of the staff until the end of the preparatory term. At least four hours a day should be available for lecture and class in this early part of the course with additional time for study. A typical weekly schedule would include the following: class and laboratory work 22 hours, practical work in wards and other departments 16 hours, study 22 hours. (Very rarely is such a full complement of the latter allowed.)

In general we would say that the basic sciences on which the nurses' duties are built should come first, preferably before any responsible duties are assigned. This would place in the preliminary period the following subjects: anatomy and physiology — laying the foundation for the study of hygiene; dietetics, materia medica and all pathological conditions as well as for the safe and intelligent practice of nursing. Bacteriology giving the true conception of the cause and transmission of disease as well as the value of an unbroken technique; chemistry imparting an intelligent understanding of physiology, dietetics, bacteriology, pathology, hygiene, sanitation, practical nursing, and materia medica; hygiene emphasizing the tremendous importance of good health; ethics and history of nursing inspiring and helping the student to gain the right spirit and aims of her new task; elementary materia medica insuring accuracy in the making up of solutions and furnishing a basis for the further study of materia medica; principles and practice of nursing, giving a clear understanding of the fundamental principles which underlie all good nursing, developing habits of observation, system, economy, manual skill, love of nursing, a pride in good workmanship, and a keen interest in the human side of the nurse's work as well as in its scientific and practical side.

There seems to be no good reason why massage should not be given towards the end of the preliminary period since it consists largely in the gaining of a certain dexterity of hand and needs only anatomy and physiology as a basis. At one time psychology was not thought of in relation to the curriculum of the schools of nursing, but its importance is being realized more and more, aiding as it does the student to meet the many and varied experiences with which she is continually coming in contact during the daily routine of ward duty, as well as in her life experiences outside the hospital. This would include a short course put in at the end of the preliminary period.

The arrangement of the remaining subjects in the different years is a very vital matter for it is a principle of good teaching that the theory and practice should be kept as close together as possible, so that the theory will make the practice safe and intelligible and the experiences and problems arising in the practice will vitalize the theory and make it interesting. This is very difficult to arrange in any school, but particularly in such a school as ours. The very nature of our work is such that we ought to take no risks of the nurse finding out in a class how she might have prevented a fatal mistake on night duty in her first year. As much preparation as possible must come before the vital need arises, but there are undoubtedly some phases of every subject which will be much better understood and appreciated when one has had a good background of experience to build on.

As early after the completion of the preliminary period as possible the second term of the junior year should be commenced. The suggested subjects included in this period are: elements of pathology, dietetics, materia medica and therapeutics, advanced principles and practice of nursing, psychology and the case study method. Those of the second year include: nursing in medical and surgical diseases, orthopedics, gynaecology, urology and pediatrics. Finally, in the third year nursing in diseases of the eye, ear, nose and throat, operating room technique, obstetrical nursing, psychiatric nursing, first aid emergency and special lectures in various subjects in the field of nursing. It will

be found that in actual practice a slight variation in the placing of these subjects in the various years will be found necessary to meet the needs of the individual school. An absolutely uniform curriculum is a deadly thing—it stunts and warps the growth; therefore a certain flexibility is necessary to allow for progress.

With regard to the teaching methods of these subjects we find that the definite assignments for study followed by the question and answer method with ample time for discussion, demonstration and laboratory periods, blackboard drawings, charts, models, slides, preserved specimens and in anatomy and physiology fresh specimens from the butcher whenever possible; the dissection of small animals and a necroscopy at the end of the course have all proved invaluable aids. The excursion method can be used in relation to the teaching of hygiene and sanitation, as well as bacteriology in observing at one of the local packing plants the methods employed in the federal inspection of meat; at the city dairy the safeguarding of the milk supply by the most up-to-date methods, or the efforts utilized by the city in endeavouring to maintain an unpolluted water supply to its citizens. A great deal could be said with regard to the newer methods of ward teaching: such as the case study method so rich in practical experiences for the student.

Each lecture period should begin with a short quiz of from five to ten minutes on the material taken up in the previous lecture with the usual aids of teaching. The lecture may be supplemented at certain periods by clinics which are specially useful in the teaching of disease conditions. The method of having follow up classes in which the material taken up by the lecturer is carefully linked up with applicable practical procedures by the instructor has proved an invaluable method for revision in connection with practically all these subjects. The instructor in this case is the head nurse or supervisor of the department of the particular subject being given, for no other person is more fitted to correlate with ward problems and demonstrate ward procedure than she is. Her knowledge ought to be fresher and her interest keener. Formerly one of the main functions of the head nurse was the instruction of the new probationers as well as the nurses under her charge and many head nurses developed into excellent teachers and trainers. The tendency at present is to regard head nurses entirely as administrative officers. It seems to be highly important that even if she does little formal teaching, the head nurse should still consider herself one of the teaching staff of the school of nursing, and she should know what the superintendent and instructors are trying to give the pupils, being ready to help in every possible way to link up the class and ward work and to make every day of the pupil's experience as richly educational as it can be made.

New Teaching for Nurse Instructors to be given at the University of Toronto

By E. KATHLEEN RUSSELL

For some years past the nurses of Ontario have been asking the University of Toronto to arrange a course of special training for nurses preparing to fill teaching or administrative posts in hospital nursing schools. The provincial nurses' association has been the spokesman in voicing this demand, particularly through a special committee appointed in 1926 to confer with the University. In the autumn of 1927 the University agreed to furnish this course and a special committee appointed by the President worked upon the plans for it during the winter 1927-28. In June of the present year a bulletin was published announcing the teaching to be offered, and the first class commenced work upon the opening of the academic year, September 25, 1928.

For reasons, concerned with matters of merely local significance, it has been decided to make a start upon this work under the Department of University Extension. This department is so organized in the University of Toronto that it allows for free experimentation with new teaching, and the new course can be started there much more speedily and easily than in any other way. The work done in, and for, this course will be closely allied with the existing courses for nurses now being carried on by the University in its Department of Public Health Nursing.

To help develop this work a special assistant has been appointed by the University in the person of Miss Gladys Hiscocks. Miss Hiscocks is a graduate of the training school of St. John's Hospital, Toronto, and has held an administrative post on the hospital nursing staff. Later, Miss Hiscocks took special training at the School for Nurses of McGill University, Montreal, and since then has been teaching in the nursing schools at the Toronto General Hospital and the Hospital for Incurables, Toronto. During the past summer Miss Hiscocks has been visiting and studying the nursing systems of a group of American and English hospitals.

The course will occupy one academic year (September to May) and will be open only to graduate nurses. The curriculum as outlined stresses the preparation for teaching. An opportunity will be offered the nurse to make further study of the subjects she must teach in the hospital school and also to obtain some rather intensive preparation in both the theory and practice of the art of teaching. Two matters provided for have been considered of special significance by those responsible for the curriculum. The first is, that as nursing must be taught at the bedside, therefore these prospective teachers of nurses must be prepared through *demonstration of bedside teaching*. For this reason it is planned to have a double series of bedside clinics: one series will be conducted by the medical man "to discuss the general principles underlying the management and nursing care of the more important clinical conditions treated in medicine, surgery, obstetrics and gynaecology, pedriatics, ophthalmology and otolaryngology";* the second series will be conducted by a nurse instructor to teach concerning the practical nursing of the clinical condition discussed in the medical clinic. Probably nothing in this new work has as great significance as this attempt to prepare teachers of the art of nursing

(*From the official bulletin, this part of the announcement having been prepared by the Professor of Medicine of the University who, working with his colleagues of the various hospital services, is making it possible for the nurses to obtain this teaching. The nursing staffs of the university hospitals have also agreed to give generously of their time to experiment with these nursing clinics.)

in a manner that has the sanction of scientific pedagogy.

The second matter of importance referred to above is the close association of these teachers in training with the public health courses as arranged for nurses at the University. The hope is that these prospective teachers will be trained in a method of thought, as well as a content of knowledge, that will in turn make them teachers of preventive nursing to the young pupil nurses whom later they will have in charge.

A Post-Graduate Course in Mental Nursing

By C. A. BARAGAR, M.D., Superintendent, Brandon Mental Hospital

Enquiries respecting post-graduate instruction in mental nursing received from time to time from general hospital graduates have suggested that such a course might be acceptable to members of the nursing profession and of benefit to the community in general.

The value of a practical knowledge of psychiatric nursing has not apparently been fully appreciated by the nursing profession in particular or the public in general, and yet such a knowledge and training is of very great importance, not so much perhaps for the private nurse who is able to select her cases, though even she has personality problems to deal with in all cases of ordinary sickness, but certainly in all phases of public health, district or school nursing. A frank consideration of the problem children in schools, of the conditions of disease, malnutrition, filth and poverty in all communities would soon convince one that they are all most closely linked up with psychiatric problems and problems in mental hygiene; and all this constitutes a fair proportion, in some cases a large proportion, of the public health nurse's work.

The more these facts are recognized the more will there develop a demand for public health nurses who have had mental training. It would not be a great hazard to predict that within another decade no nurse would be accepted for the public health service in enlightened communities who has not had some training at least in psychiatric nursing.

Such a training would be best secured by reciprocal affiliation between general and mental hospitals. Failing this the next best scheme would be for the nurse to spend from three to six months in a mental hospital as a post-graduate student.

To provide such a training a post-graduate course was inaugurated at the Brandon Hospital for Mental Diseases this year. Three nurses took advantage of the course, one a graduate of the Vancouver General Hospital, one of the Royal Victoria Hospital, Barrie, and one of the Leith General Hospital, Edinburgh.

Under the arrangement at present in effect up to four graduate nurses can be accepted at one time for from three to six months each. They are provided with board, room and ordinary laundry during the course. The ward work is arranged so as to give the nurse the fullest opportunity of studying all abnormal psychological states and of gaining practical nursing experience in the care of such cases. She is also given an opportunity of learning something of the problem involved in the care and management of the large groups of patients in the chronic wards of a public hospital.

The course of lectures covers about eight weeks and includes some twenty-four or more lectures and clinical demonstrations by the medical staff besides four lectures by staff nurses on the nursing problems as seen from their point of view.

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Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

Treatment of Pulmonary Tuberculosis

Common Symptoms and a few of the Important Measures

By L. C. FALLIS, M.D., Chief Clinician, Queen Alexandra Sanatorium, Byron, Ontario

Active pulmonary tuberculosis may manifest itself in many different ways, depending largely on that particular group of symptoms which may predominate in each individual. These symptoms may be: (1) focal; (2) constitutional.

The focal symptoms are those experienced from the direct changes taking place in the lung tissue and, therefore, tend to draw one's attention to the chest as the "seat of trouble."

The constitutional symptoms are due to the absorption into the circulation of toxins produced by the disease. This toxaemia or poisoning may affect any organ of the body and thus does not draw the attention to the chest in particular. Symptoms, due to toxaemia, frequently come on so insidiously that it may take months to cause any appreciable change in the patient's condition.

It is unfortunate that the focal symptoms do not as a rule appear until some months after the onset of those due to the absorptive process, as the former indicates to the patient the source of the trouble and makes a much more urgent appeal for investigation.

Lucky is the individual who early in the game develops, like a bolt from the blue, a severe attrack of pleurisy or has a sudden haemorrhage, as these symptoms will almost invariably take him to his doctor and should result in an early diagnosis of tuberculosis. Frequently the less urgent but equally important constitutional symptoms are disregarded for months or even years before they become severe enough to persuade the patient to consult his doctor. In the meantime there is steady increase of the disease in the lung.

We will first discuss a few of the more common constitutional symptoms, somewhat in the order in which they are likely to appear.

1. Fatigue. The patient notices he is tiring more easily than usual, and earlier and earlier in the day, until eventually it seems to be a continuous state. Frequently this symptom is passed up as "a generally run down" condition and possibly treated with tonics, etc.

2. Change of Mental Attitude. The toxic patient tends to become unduly upset over trifles. He may develop so many vague and transient aches and bodily complaints that these appear to originate only in his own mind and he gets little sympathy. Such patients are frequently in error labelled "Neuraesthenia."

3. Failure of the Appetite and Loss of Weight. A continuous loss of weight demands more than a tonic: it demands a satisfactory explanation.

4. Digestive Disturbances. Stomach and intestinal symptoms are so common and may so dominate the picture that the slight fever or morning cough and expectoration which are present are entirely overlooked. It is not uncommon for tuberculosis of the lungs to be treated for months as "stomach trouble" before the error is discovered.

5. A Rapid and Unstable Pulse Rate. An elevated pulse rate unduly affected by exertion is one of the most constant symptoms. Together with nervousness, loss of weight, etc., this

(An extract from a paper given before District No. 1 of the Registered Nurses Association of Ontario, at St. Thomas, January 14th, 1928.)

may lead to a mistaken diagnosis of "toxic goitre."

6. Fever. This is frequently only low grade (99 to 100). It may first be present only during the late afternoon or early evening and may manifest itself, if at all, only by flushing of the cheeks and chilly or feverish sensations of a transient nature. Such a fever may be entirely missed and a false sense of security imparted if the thermometer is not left in the mouth at least ten minutes at each reading.

7. Slumber Sweats. The old term "night sweats" is scarcely correct since the sweating may occur any time during sleep, day or night.

8. Cessation of the Menses. This is simply Nature's attempt to conserve failing vitality. There is a mistaken idea among many that "going into decline" is the result of cessation of the menstrual function.

The Focal Group of Symptoms

1. Cough and Expectoration. There is no cough that is typical of tuberculosis. Any cough that persists longer than one month demands the exclusion of tuberculosis as a cause. At first cough may be dry or may amount only to an irritation, with frequent desire to clear the throat. Sputum may not appear until some months after the onset of cough and then likely as a scanty purulent (yellow or greenish) expectoration, brought up on rising in the morning or after meals. Cough and expectoration may come first in the form of a "cold or grippe," but persist in spite of the measures effectual in such cases. People who are actually suffering from pulmonary tuberculosis frequently believe themselves the victim of "one cold after another." These are not actually true "colds," but are periods when their disease is more active than usual. Sputum which persists or recurs always demands examination for the presence of tubercle bacilli. That sputum which is expectorated the first thing in the morning is the best specimen to save for this purpose. In Ontario, mailing containers for the purpose of sending specimens to the laboratory are supplied to physicians and specimens are examined at the provincial laboratories free of charge. Surely under such circumstances there is no excuse for failure to have sputum examinations made in every suspicious case. One must never rest content with one negative examination. Unless the focus of disease in the lung has reached the stage where ulceration into a bronchial tube has taken place, bacilli will not be found in the sputum. Repeated examination may be necessary before bacilli are found. Their presence is absolutely diagnostic of tuberculosis.

2. Spitting of Blood (or haemoptysis). Unless some definitely apparent cause for blood-spitting can be shown, this symptom alone calls for a careful chest examination and x-ray of chest if necessary, to rule out the presence of tuberculosis. It not infrequently happens that patients are put off by their doctor with the lame excuse that they have broken a vessel in their throat, an explanation which should never be accepted unless the bleeding vessel can actually be seen. There are a number of causes of haemoptysis other than tuberculosis, but until some other cause has been satisfactorily proven or if none other is found, tuberculosis must be accepted as the probable cause.

3. Pleurisy. Pleurisy with effusion has long been accepted as almost invariably due to tuberculosis. Dry pleurisy, unless it occurs along with an acute pneumonia, must be considered as due to tuberculosis in the great majority of cases. Dry pleurisy usually manifests itself by sharp pain in the side aggravated by breathing, but it may take the form of dull aching or soreness.

4. Recurrent hoarseness or loss of voice, while not necessarily due to tuberculosis by any means, is sufficient evidence for careful chest examination.

Some Factors in Treatment

The most important factor by way of treatment, from a medical point of view of the active case of pulmonary tuberculosis is rest, *rest* and MORE REST, in the open fresh air as much as is possible, and supplemented by nourishing food in plentiful but not excessive amounts.

The healing of a lung in these cases, as you know, is by the formation of a very fine filament of scar tissue, which is at first very easily broken down, but which, if it is given an opportunity, will in time become very strong and tough and thus present a very effectual barrier to the progress of disease.

Now, a patient up and walking about requires the intake of air at least three times as great, and violent exercise as much as fifteen times, the volume of air required if the same patient were at rest in bed. One can thus see the advisability of staying in bed in order to decrease as much as possible the work required of the lungs. Moreover, you will remember the lymph is the channel through which the toxins are carried to the blood and absorption promoted. It is known that the lymph flow is practically nil when the organ is in a state of rest. Therefore, there would be a tendency to reduce constitutional symptoms, such as fever, sweats, gastric disturbances, etc.

Gastric upsets are very common in tuberculosis, and knowing this, one should lighten the work necessary for the stomach as much as possible. The amount of food required for a patient in bed is considerably less than if he were up and about, and much less than if he were on severe exercise.

Coughing and mental unrest are as severe, and may be much more severe, from the point of view of exercise, as to be up and about. Therefore, cough should be controlled where possible and otherwise treated. Mental rest is just as important as body rest. There must be relaxation of muscles and peace of mind to obtain real results from the cure in bed.

As to length of time, each case must be considered individually, but one would feel that if the patient had symptoms making it advisable that he go to bed at all, he should remain there probably from three to six months at least, and perhaps a good deal longer. On the other hand, one has to avoid impressing the patient so much regarding the need of rest, that he gradually becomes afraid to accept even the prescribed exercise which one feels advisable and necessary, when the condition warrants it, in order for him to regain his former status so far as remunerative employment is concerned.

Fresh Air. To feel at our best we must have plenty of cool, fresh air circulating about our homes. Even in health indoor life tends definitely to lower vitality. Cold air coming into contact with our skins has a stimulating and refreshing effect upon us. Life in the open air means sunlight, and sunlight means life. The ultra violet rays, which are probably the most therapeutic factor in sunlight, are largely eliminated by glass, so that even the patient in the sunroom is losing in a large measure the benefit he would obtain in the open air. A warm, close room promotes loss of appetite, listlessness and general mental depression. The change when the patient is treated in the open is often very striking. The ideal arrangement would, of course, be an open porch with sunny exposure and protected from the wind.

Food is the fuel we feed our bodies in order that they may be able to supply the energy for the functioning of the various organs, the muscular exercise and to make repair in tissues for wear and tear losses. Taken in excess, food is stored up in body as fat. In tuberculosis there is need of sufficient to supply the general needs of the functioning body and to build up the worn out tissue due to the in-

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Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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Supervision by Staff Nurses in Montreal Victorian Order of Nurses

By ISABEL S. MANSON, Montreal

The staff meeting on discussion of supervisors by the public health nurses of Rochester, New York, and the similar discussion by the Vancouver Victorian Order of Nurses have been followed with keen interest by both staff nurses and supervisors in the Montreal V.O.N.

At the request of the supervisors, the staff nurses here were asked to discuss very freely whether or not they are getting the help they need from supervision, and to give any suggestions for improvement of the present system.

The question was discussed in each district first, the findings being recorded and read at the general meeting which was held in place of the April staff conference. Miss Moag, district superintendent, being present. Following the reports from the districts there was a general discussion.

How to introduce the supervisor in the home was the first point raised. The district reports differed in the opinions expressed, but after considerable debating a vote was taken and the almost unanimous agreement was, that the supervisor should be introduced as such, except in difficult families where the nurse feels it would be unwise. Many of the nurses expressed the opinion that the families usually guess that the "other nurse" is a supervisor however she is introduced, and also that many patients feel quite honoured to have her visit. The nurses feel that the custom of the supervisors helping with the nursing care does away with the embarrassment that might arise if she seemed to be a spectator.

The type of cases suitable for supervision was also discussed at some length. It was suggested that in most instances it is advisable that the supervisor consult with the nurse before going into a home. As a general rule it was felt that first day post-partums are not suitable cases, though sometimes such visits may be necessary. It was unanimously agreed that ante-natal visits cannot be satisfactorily supervised. The solution arrived at by each district separately was that the supervisor herself make one or two of the ante-natal visits, judging by these the standard of the previous visits made.

The point was raised in this connection that the supervisor's visits to the homes are not solely for the purpose of judging the nurse's work, but also to see the conditions of certain patients and to get a closer view of problem cases. This is also the supervisor's opportunity to keep in close touch with district work and to keep her thinking and her advice practical. To make the supervised visit most helpful to the nurse a thorough analysis of the visit should be made by the supervisor the same day or very soon afterward, with constructive criticism and encouragement wherever possible.

The question of records brought little discussion, for while records are frequently regarded as very tedious and time consuming, the nurses realize the need for accuracy

and full information. It was agreed that the best time to fill in the records is in the home at the completion of the visit.

The nurses expressed appreciation of the system that places a nurse in charge of a district, leaving her to arrange her work and do her own patients as far as possible. Some supervision of her management, it was agreed, however, is of benefit to the nurse, especially when her district is unusually heavy.

Two of the districts suggested that when the pressure of work is great, the supervisors should do the telephoning to social agencies and doctors who are difficult to reach during the nurses' office hours. After discussion, however, it was agreed that a supervisor who has not seen the case is not in a good position to discuss it with an outside agency. Also the loss of contact with the agencies is a serious handicap to the nurse in her work.

With regard to "problem cases" some of the nurses felt that not enough time was allowed for adequate consultation with supervisors and for handling cases in a satisfactory way. The majority seemed to have experienced no such difficulty unless when the work is particularly heavy. All were agreed on the value of discussing problem cases with the supervisor. The supervisor has a broader and more impersonal view, wider experience and better knowledge of the resources of the community, while the nurses know the more intimate details and the personalities to be dealt with.

In a centre having a large group of staff nurses it was thought advisable to have a staff council meeting at intervals for the discussion of problems primarily concerning the staff nurses.

In discussing the personal qualities desirable in a supervisor, the following points were emphasized: Full knowledge of field work; teaching ability; readiness to welcome suggestions of nurses; tact, and ability to avoid giving sense of failure and discouragement; realization that the supervisor's attitude toward the work and the organization reacts strongly on her nurses.

In the course of the local and general discussions, appreciation was expressed by the nurses for some of the features of the V.O.N. now in practice here. The system of staff education was especially mentioned. The two months' introductory course for the new nurses is given by the teaching supervisor and includes valuable lectures, demonstrations and discussions. For the staff nurses there are the district and general conferences where topics of interest to nurses are taken up and often papers and talks are prepared and delivered by the nurses themselves.

This constant stimulus helps to keep the nurse's thinking and reading abreast of the times and is considered one of the very great benefits to be derived from good supervision.

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For the present it is expected that two courses annually will be conducted, provided there are two or more applicants for each. One will begin about the first of October and one about the first of January. Nurses could be accepted at other dates for ward experience but would not have the opportunity of attending the lectures.

(The Bulletin, July, 1928)

Mental Hygiene of Childhood

A Short Course for Public Health Nurses

By E. A. BOTT, Professor of Psychology, University of Toronto

During the past four years the Canadian National Committee for Mental Hygiene has provided facilities for conducting mental hygiene studies through co-operation with the Universities of Toronto and McGill. The purpose of the committee's research programme has been threefold: First, to increase the present limited store of knowledge concerning the mental life and adjustments of childhood; second, to strengthen the research staffs of Canadian universities in this field; third, by these means to improve and elaborate the instruction available in child psychology and kindred branches.

This policy has already borne fruit and has justified its further extension. Numerous investigations with groups of children of school age and of pre-school age, and clinical studies of various types have been conducted and the results published; a highly trained staff has been developed and instruction along practical lines in this field is now possible for advanced students in arts and in medicine.

It is recognized, however, that not merely physicians and other technical specialists in this field require the advantages of special training but that in practice much of the success in preventive and adjustment work turns upon the skill and knowledge of those ranks of workers whose duties lie outside the confines of a clinic; in homes, in schools, and in the community generally. Nurses, social workers, occupational aides, as well as parents and teachers, etc., all have an important function to play in helping to carry into effect whatever principles are sound in mental hygiene practice. In fact it is coming to be seen that mere diagnosis is but a half measure and must be supplemented by similar insight on the part of those who work with human material in its everyday settings. Moreover much of the routine work in the field of behaviour must of necessity be conducted without the advantages of clinical guidance. The situation can therefore only be met by a wide dissemination of knowledge of the essentials, but it is important to establish as close an understanding as possible between specialists and lay workers.

With this in view a special short course for public health nurses was planned last June through the St. George's School for Child Study at the University of Toronto. The aim was to illustrate the methods of studying and training young children in vogue at the school, the principles of instruction used in parent groups, and to bring the class into contact with numerous clinicians and others locally engaged in special lines of work with children. In this initial attempt to offer intensive training it was thought desirable to have a homogenous class and the Toronto Department of Health kindly co-operated by releasing from their field duties sixteen of its staff from its nursing, mental hygiene and social welfare services for the two weeks' period of the course, June 4th to 15th. The course was conducted daily from 9 to 5 o'clock at the school, which was still in session.

The work was divided under four main heads: parent education methods, nursery school observations, reading, lectures.

The first hour each day was taken with the class by the parent educa-

tion instructors who covered the essentials of the introductory study course for parents on habit training and emotion, illustrating parents' points of view and practice from the records of the school and comparing this with the practical experience of the class.

The management of children in their various activities at the nursery school, play, eating, toilet, workshop, sleeping, etc., was next observed by the class in small groups and the procedures afterwards discussed in conference with members of the staff. This afforded opportunity of demonstrating general principles in terms of practical social situations and also of appraising the acuity of class members in analyzing and interpreting child behaviour.

Carefully selected readings from a dozen of the best authorities were assigned and sufficient copies of these were provided in the school library, by the courtesy of the University Library. When not engaged in observation students could complete these readings during two hours each day. Analyses and synopses of the articles were required under supervision to ensure adequate evaluation of the material. The selection was designed to pave the way for subsequent wider reading on the topics upon the student's own initiative.

At 3 p.m. a formal lecture on some phase of child study was given, followed by a round-table discussion of the lecture topic or by presentation of specific case studies. A bound note-book of neostyled outlines, covering all phases of the course, with space for notes and observations by the student, proved a useful device and greatly facilitated supervision of the work.

In addition to the staff of the school, certain members of the university staff and officers from local clinics and institutions contributed to the course. These lectures, representing various angles of approach to child problems, were one of the most effective features of the course. The lecture topics scheduled were: The use of Statistics in Organizing and Interpreting Social Data; Psychological Tests for Young Children; The Significance of Heredity in Education; Problems of Nutrition with Children; Significance of Child Study for the Public Health Nurse; Neurological Factors Affecting Child Behaviour; The Retarded Pre-school Child; Personality, Make-up and Environmental Approaches; The Problem School Child; Care and Training of the Underprivileged Child; The Delinquent Child from the Angle of the Court; The Foster Child; Incipient Psychoses in Children; Co-ordination of Points of View for the Practical Worker.

The consensus of opinion on the part of the students and staff who took part in this course seems to be that a period of intensive training even though short can be very effective and helpful. Hitherto in Canada we have felt compelled to send our workers across the line for such instruction and we are under heavy obligation to our neighbours for the help they have always so generously given us. On the other hand our social problems are in a measure Canadian, and the time seems to be ripe for us to make a more constructive effort to provide better training facilities in our own Canadian centres. It is hoped that further special courses on somewhat broader lines than the above may in future be offered at our universities.

Canadian Public Health Association

The seventeenth annual meeting of the Canadian Public Health Association, held in Winnipeg, Manitoba, from October 11th to 13th, 1928, was attended by a Dominion wide representation.

Miss Elizabeth Russell, Winnipeg, presided over the session of the Public Health Nursing Section in the absence of Miss Jean E. Browne, chairman. The subject presented to the section in three excellent papers was that of "The Teaching of Health in Schools." Miss Rae Chittick, Calgary, ably discussed the subject from the standpoint of the Normal Schools; Miss A. E. Wells, Winnipeg, in a most interesting paper presented the topic as applied to elementary schools, while Miss Marion Lindeburgh, Regina, showed the great need for the subject being introduced into the high schools. Each speaker emphasized the need for more and improved methods of teaching health to the pupils and stimulating the interest of the parents, the teachers, the medical men, dentists, nurses, and the general public.

Nurses who addressed general sessions of the Association were: Miss Nan McMann, supervisor, Western Division, Victorian Order of Nurses, who gave a delightful outline of "A Public Health Programme for a Community of Five Thousand." Miss Edith B. Hurley, Professor of Public Health Nursing, University of Montreal, presented "The Teaching of Health in the Home" in a most interesting paper.

Among the medical men who took part in the well prepared programme were representatives of federal, provincial and civic departments of public health, Canadian universities, federal departments of agriculture, and pensions and national health.

At a public meeting held on Thursday evening, October 11th, in conjunction with the Winnipeg Health League, the president of the Association, Dr. G. D. Porter, Toronto, addressed a large audience. This address was followed by a paper by Dr. J. W. J. Bell, Deputy Minister of Health, Ontario, on "Preventive Medicine from the Standpoint of the Public."

Among the social affairs arranged for the entertainment of the members were a reception at Government House, by His Honour, the Lieutenant-Governor of Manitoba, and a luncheon by the Mayor and Council of the City of Winnipeg.

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roads of the disease. Over and above this a small amount extra to promote a steady gain until the normal weight, or slightly above the normal, is reached. Excessive fat is not desired as it only increases the work of the lungs to supply the surplus with oxygen, etc. Foods should be selected which will supply the needed "extra" nourishment with as little strain on the digestive system as possible. Such foods as milk, eggs (preferably slightly cooked), butter, cocoa, ovaltine, all seem to be suitable in most cases.

News Notes

INTERNATIONAL COUNCIL OF NURSES

The following information has been received from the Committee on Arrangements: Nurses who are planning to attend the Congress of the I.C.N. which is being held in Montreal from July 9th to 15th, 1929, are requested to send their applications for accommodation at an early date to the Committee on Arrangements, Royal Victoria Hospital, Montreal.

Rooms have been secured in hotels, convents and boarding houses at rates varying from $1.00 to $5.00 per day. The rates for rooms in the large hotels are as follows:

Single room	$3.00 to $ 4.00
Single room, with bath	$5.00 to $ 7.00
Double room	$5.00 to $ 7.00
Double room, with bath	$8.00 to $10.00
Large room, 3 persons	$7.00 to $10.00
Large room, 4 persons	$8.00 to $12.00

Rates for bed and breakfast in convents are from $1.25 to $1.50.

Rates in boarding houses vary according to location and accommodation offered.

On arrival in Montreal visitors are requested to report to headquarters—The Montreal High School, University St., for room assignment.

ALBERTA

CALGARY: The annual business meeting of the Calgary Association of Graduate Nurses was held on September 18th at the Y.W.C.A. New officers were elected, and a satisfactory financial report was given by the retiring treasurer, Miss Ash. Miss von Gruenigen was again elected president; Miss MacLear, 1st vice-president; Miss Sherwood, 2nd vice-president; Miss A. C. McKee, treasurer; Miss Lindon, recording secretary, and Miss Tarrant, corresponding secretary. It was decided to hold a bridge party on October 16th in the Belcher Hospital, for the purpose of raising funds for the Association.

Miss Agnes Kelly, who recently underwent an operation for appendicitis, is making a good recovery. Miss Amy Casey is recuperating slowly from a mastoid operation.

GRADUATE NURSES ASSOCIATION, EDMONTON: At the September meeting of the Association it was unanimously decided that each member would contribute $2.00 towards the expenses of the Congress, International Council of Nurses. Miss B. Emerson gave a most interesting account of the Canadian Nurses Association convention, which was held in Winnipeg.

Miss Katherine Campbell has returned from a most enjoyable vacation spent in California.

BRITISH COLUMBIA

VICTORIA: The quarterly meeting of the Graduate Nurses Association was held in Victoria, September 22nd, 1928; the president (Miss K. W. Ellis), in the chair.

Interesting reports of the Biennial Meeting of the C.N.A. were given by the delegates, Misses Ewart and Franks.

Ways and means of raising money to meet British Columbia's share of the expense of the meeting of the World Congress of Nurses in Canada in 1929, and of the proposed survey of nursing in Canada were discussed. It was decided that a notice be sent to each member of the Association requesting a contribution of three dollars: two towards the expenses of the International Congress and one for the proposed survey. The arrangements were left in the hands of a committee to be appointed by the chair.

The Public Health Committee reported the offer, through the Library Commission, of the use of the "Open Shelf" of the Provincial Library for reference books for nurses. The nurses and library to contribute jointly to supply the books, and the library to send out periodically a bulletin showing publications available at the library. This offer was accepted with enthusiasm and the library sub-committee congratulated on bringing about an arrangement for procuring reference text books that will be a boon, not only to the public health group but to all members of the profession in the province.

Dr. Berman, M.H.O., of Saanich, gave an interesting address to the public health group.

The programme of the Nursing Education Section was very interesting. Miss Cavers of the Vancouver General Hospital staff, gave a short resume of "Nurses, Patients, and Pocket Books," by Dr. May Ayres Burgess, and with Miss Dutton, of St. Paul's Hospital staff, led the discussion of this report of a study of the economics of nursing.

At the general meeting Mr. Ira Dilworth gave a delightful talk on "How and What to Read." The vocal numbers by the pupils of St. Joseph's Hospital were very much enjoyed. Afternoon tea was served by the Alumnae of St. Joseph's, and the evening refreshments by the Alumnae of the Jubilee Hospital. Out of town members were entertained at dinner by the Victoria Graduate Nurses Association.

The meeting was brought to a close by a vote of thanks to the Sisters of St. Joseph's Hospital for the excellent arrangements made for the meetings, and to all who assisted in the entertainment.

VANCOUVER: The regular monthly meeting of the Vancouver Graduate Nurses Association was held on October 10th, in the New

Home of the Vancouver General Hospital, Miss Ewart, president, in the chair.

Following the executive meeting, reports were read from the various committees, after which the main subject under discussion was the raising of funds for the B.C. contribution towards the expenses of the International Congress of Nurses in Montreal in 1929, and for the Nursing Survey. At the previous meeting, in September, there had been a general discussion as to the best manner of raising funds for this purpose. It was recommended that the matter be referred to the Committee of Ways and Means to bring in a recommendation to the Council as to the best way of approaching members and collecting the money. The Ways and Means Committee reported that at their meeting on October 3rd, it was suggested that personal canvass be made of all graduates whether actively engaged in nursing or not, money so collected to be handed in as their contribution to the fund. As Canada is hostess for the International Congress, it is confidently expected there will be no difficulty in raising B.C.'s share, as everyone was most enthusiastic.

Following the meeting, Prof. G. C. Wood, of the University of British Columbia, gave a most instructive and interesting talk on plays and books, which was much enjoyed by all.

St. Eugene's Hospital, Cranbrook: Miss M. Diederichs, instructor, has returned after attending the Graduate Nurses Institute at the University of Washington, Seattle. She had the distinction, with Miss Mabel Dutton, instructor at St. Paul's School of Nursing, of representing the Canadian Schools at a dinner given by the Sisters of Providence in the magnificent new nurses home just completed. The dinner was given in honour of Miss Annie Goodrich, dean of the Yale University School of Nursing, and Miss Mary Roberts, editor of "The American Journal of Nursing."

The quarterly meeting of the Alumnae was held in the reception room of the nurses home in the last week in August. Owing to the absence of the president, on account of illness, the season's social functions were not determined.

Sister John Gabriel, B.A., educational director of the schools controlled by the Sisters of Providence in the Northwest, made her annual visit to the school recently and gave a series of lectures on psychology to the first year students, and diet in disease to the second year students.

We are pleased to be able to report that Mrs. Ashton Powers, president of the Alumnae, who has been confined to the hospital at Nelson with typhoid fever, has sufficiently recovered to be taken to the home of her mother at Ainsworth, where she is now convalescing.

Miss Helen Randal, provincial inspector for the Graduate Nurses Association, visited this school officially early in September.

St. Eugene's School of Nursing has lately changed administration. Sister Florida, the former superintendent, has been relieved of that office to confine her activities to the entire charge of the surgical department. Sister Florida is succeeded by Sister M. Celina, a graduate of the school and a registered nurse in the province, who has been in charge of the laboratory and record department at St. Eugene Hospital. Sister M. Celina has had several years of experience in hospital work on the coast and latterly has been occupied in studying school administration and principles of teaching in schools of nursing at the University of Washington, Seattle.

East Burnaby: Miss Florence Erickson has resigned from the V.O.N. to accept a position with the Rotary Clinic, Vancouver.

MANITOBA

Brandon: Miss Ruby Dickie, of the Public Health staff, Brandon, has been transferred to West Kildonan. On her departure from Brandon she was the recipient of a lovely compact from the Graduate Nurses Association.

Miss Lynch, superintendent of the Brandon Mental Hospital, has left for several months to take post graduate work at Bloomingdale, White Plains, N.Y.

Miss R. F. Roe (Children's Hospital, Winnipeg, 1927), has been appointed public service nurse, Provincial Board of Health.

Mrs. W. A. Kidd is away on an extended visit to Europe.

Miss Allen Stuart (1928), has joined the Public Health Staff and is stationed at Melita.

Miss Christine McDonald (1927), has accepted the position of matron of the Virden Hospital, with Miss Violet Kerbyson (1927), as her assistant.

Miss Helen Morrison, supervisor of the operating room, has left on a six months' holiday in California. Miss Marion Thomlinson (Winnipeg General Hospital, 1923) is taking her place.

St. Boniface Hospital, St. Boniface: Miss P. Bresnan has returned from a motor trip to the East, and Miss S. M. Wright from one to Alberta.

Miss Gladys Mayberry (New York) and the Misses Viola and Bernice Phillips (Iron Mountain, Mich.) were recent visitors in Winnipeg.

General Hospital, Winnipeg: Miss I. Asher (1903), of Long Beach, California, was a visitor in Winnipeg in September.

Mrs. Bruce Hill (Brown, 1901), who underwent an operation in Rochester early in September, is home and improved in health.

Miss Catherine de N. Fraser (1906), left during the latter part of September for Montreal.

Miss E. M. Fraser (1915), has returned home after spending some time on the staff of the Treloar Cripples Hospital, at Alton, England.

Miss B. F. Raymond (1910), of New York, was a visitor to the city in September.

Sympathy is extended to Miss C. Munro (1910), in the death of her mother, in Scotland.

Miss Irene Harris (1919), has left to resume her work under the Canadian United Church Mission, Szechuan, W. China, after more than a year at home.

Miss Etta Deacon (1911), has returned from Vancouver.

Miss E. M. McCorquodale (1920), has resigned her position on the staff of the Winnipeg General Hospital, and is spending the winter in Honolulu.

Miss Eva Symonds (1919), has accepted a position in the hospital at Norway House.

Miss Helen Halloway (1925), has accepted a position on the operating room staff, Victoria Hospital, Prince Albert.

Miss Nettie Fallis (1907), of Seattle, Wash., was a visitor to Winnipeg recently.

NEW BRUNSWICK

Victoria Hospital, Fredericton: Miss Kathleen V. Doucette (1927), has accepted a position on the staff of the Victoria Order at Halifax, N.S.

Miss Ella M. Cochrane (1925), has resumed her duties on the staff of The Dobbs Ferry Hospital, Dobbs Ferry, N.Y., after spending her vacation in St. John, N.B.

Misses Helen Biggs (1924), Anna F. Hallett (1919), and Elizabeth Groom (1919), of the staff of Mt. Kisco Hospital, N.Y., and Miss Vera Shaw (1924), of the staff of Wesson Obstetrical Hospital, Springfield, Mass., spent vacations in Fredericton.

Mrs. Donald A. Sommerville (Helen Parker Glasier, 1925), and son are the guests of her parents at Lincoln, N.B.

Miss Adelaide Baker (1925), has resumed her duties on the staff of Mors Hill Hospital.

Miss Emma Wark (1926), has returned to her home, Presgue Isle, Maine.

Mrs. James Mavor (Jennie McKim, 1915) and children have returned to Fredericton.

The Graduate Nurses Association held their annual picnic at Island View, at the home of Mrs. Hagen Everett (Ethel Key, 1918).

Miss H. B. McKay has resigned her position as supervisor of the V.O.N. in Fredericton, to the regret of the many friends she has made during the 3½ years of her stay. Before her departure Miss McKay was presented with several beautiful gifts by the V.O.N. and her fellow workers. Miss McKay has returned to her home in Nova Scotia and will take a much-needed rest.

Miss Ada Burns, formerly supervisor of the V.O.N. in Sydney, N.S., has accepted the position made vacant by the resignation of Miss McKay.

Moncton: Miss Ida Bull (Victoria Hospital, London, Ont.) of the staff of the V.O.N. has been transferred to the Windsor staff, V.O.N.

General Public Hospital, Saint John: Miss Margaret Barnes and Miss Goldsmith (1927), have returned from vacation.

Mrs. Henry Hedden (Freda Patterson, 1917), of Memphis, Tenn., and Mrs. R. A. McCullough (Gretchen Turner, 1914) of Columbia, South America, spent the summer here.

Miss Lyle Gregory, of the staff of the Lancaster D.S.C.R. Hospital, and Miss Cynthia Scott, of the staff of the St. John County Hospital, have been away on vacation.

A very successful bridge was held in the Nurses Home on September 26th by the graduate nurses and dietitians of the hospital. The proceeds, amounting to $125.00, will go towards a new tennis court.

NOVA SCOTIA

Halifax: The regular meeting of the executive of the Registered Nurses Association of Nova Scotia was held at the Dalhousie Public Health Clinic on October 25th, 1928.

Miss Gertrude J. Crosby, of Morien, C.B., formerly on the staff of the Massachusetts-Halifax Health Commission, has returned to Halifax and is at present reorganizing Junior Red Cross work in the public schools.

The following have now returned from vacations: Miss A. Edith Fenton, Miss Hilda MacDonald, and Miss Maud Hall, of the Public Health Department, Dalhousie University; Miss Freda M. Himmelman and Miss A. Innis.

Recent visitors to Halifax included: Miss Mary Shannahan and Miss Margaret Buchanan, graduates of the Victoria General Hospital; Miss Hilda Roberts, of Providence, R.I.

Her many friends will be pleased to learn that Miss Margaret M. Martin, superintendent of the P.M. Hospital, Windsor, has recovered from her recent illness.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in October, 1928, were 1,163, 19 more than previous month.

Appointments

Miss M. McFall has been appointed to succeed Miss M. Johnston, Victorian Order of Nurses, Cobalt.

Miss Catherine Irwin (Hamilton General Hospital), V.O.N., has been transferred to the staff at London.

Miss Alberta Creasor (Hamilton General Hospital), has been appointed to the staff of the V.O.N. in Hamilton.

Miss Dell McGregor (Winnipeg General Hospital), has been appointed assistant to Miss Jackson, district superintendent, V.O.N., Ottawa district.

Miss Edith Carson (Wellesley Hospital, Toronto, 1925), private ward supervisor at the Wellesley Hospital.

Miss Doris Selby (Wellesley Hospital, 1928), operating room assistant, Wellesley Hospital.

Miss Edith Jackson (Wellesley Hospital, 1923), night supervisor, Wellesley Hospital.

Miss Alice Hunter (Toronto General Hospital, 1927), is in charge of Ward "A," Toronto General Hospital.

Miss Marion Elliott (Toronto General Hospital), assistant night supervisor, Private Patients' Pavilion, Toronto General Hospital.

Miss Alice Colling (Toronto General Hospital, 1928), to the staff at Burnside, Toronto General Hospital, succeeding Miss Helen Willoughby, resigned.

Miss Mary Buchanan (Toronto General Hospital), instructor of nurses, Memorial Hospital, St. Thomas, Ont.

District 1

Chatham: At a joint meeting of the Alumnae Associations of the Public General Hospital and St. Joseph Hospital, held October 8th, 1928, it was decided upon that 12-hour duty be practised in both hospitals by the private duty nurses. This ruling was put into effect on October 15th, 1928.

A course in Physical Training under the direction of Miss Muriel Kennedy has been arranged for the student nurses of the Public General Hospital.

A Glee Club has also been organized for the students of the Public General Hospital under the direction of Mr. Geo. B. Cumming, director of Park St. United Church Choir.

District 2

Brantford: The quarterly meeting of the Registered Nurses Association of Ontario District 2, was held September 19th, in the Brantford General Hospital. Miss M. Buck, Simcoe, acting chairman, was in the chair.

The afternoon programme opened with a business session, which was followed by an exceedingly able illustrated address by Dr. E. S. Hicks on his trip around the world. Views of hospitals in Japan, India, Spain, Italy, Egypt, Honolulu, and the Philippines were thrown on the screen in interesting succession, and the lecturer gave a most graphic account of the various methods of hospital work in each.

High tea was served at 6.30, and proved a happy affair.

Miss H. Potts gave an exceedingly fine report of the biennial meeting, C.N.A.

Miss Emory, president of the Registered Nurses Association, the speaker of the evening, had as her theme the organization of the Association. Her outstanding address proved particularly helpful and inspiring to her interested audience. She reviewed and outlined the history of modern nursing.

Information was also given regarding the meeting of the International Council of Nurses and the subject of Canadian nurses as hostesses was dealt with.

The following officers were elected: Chairman, Miss M. Buck, Simcoe; vice-chairman, Miss E. Webster, Owen Sound; secretary-treasurer, Miss Booth, Simcoe; Councillors, Miss Jean Davidson, Paris; Miss G. Durward, Simcoe, Miss Jefferson, Woodstock; Miss M. Snider, Preston; Miss C. Kaemple, Guelph; Miss O. Young, Stratford; Miss G. Rusk, Owen Sound.

Miss Helen Potts was appointed to the ways and means committee to interest high school students in the profession of nursing, and Miss McCormack as convener of the finance committee, to raise funds for the meeting of the International Council of Nurses. At the close of the meeting hearty votes of thanks were passed to Miss McKee, Dr. and Mrs. Hicks, and committees responsible for the success of the event.

General Hospital, Brantford: The alumnae held its October meeting at the Nurses' Residence, October 2nd. Miss D. Arnold, acting president, was in the chair. The speaker of the evening was Dr. G. Harris, who gave an interesting illustrated lecture on London, England, pointing out the beauty spots and places of interest. An enjoyable pianoforte duet was given by the Misses Blackwell and Mann. There was a large attendance.

Miss Hopkins, Red Cross Hospital, St. Joseph's Island, has completed a refresher course in surgery and has left for Thesalon.

Miss Meyer, graduate of Lindenhof-Rot, Kreuz, Berne, Switzerland, is at the Brantford General Hospital taking a course in general nursing to become acquainted with Canadian methods.

Miss Blackman (1925), was among the passengers on the C.N.R. train sideswiped near Aldershot October 4th, and gave timely and valued assistance to the injured.

District 4

General Hospital, Hamilton: Miss Anna Coutts is at home recuperating from a serious illness. Mrs. Helen Blake is improving after a thyroidectomy.

The Misses Mae Wright, Gladys Stoneman, Margaret and Etta Parsons, are doing general duty in Presbyterian Hospital, New York, and the Misses Mary Langford and Helen Fawlknor are doing general duty at the Receiving Hospital, Detroit, Mich.

Miss Snell, for the last ten years supervisor at Southam Maternity Home of Hamilton General Hospital, has resigned.

Miss A. Creasor, who has been with the V.O.N. at London, has been transferred to the Hamilton district.

Mrs. Rose Hess has returned to Hamilton and is doing private duty nursing.

District 5

Registered Nurses Association of Ontario: The regular fall meeting was held at Barrie on September 22nd, when members attended from Midland, Collingwood, Orillia, Toronto and Barrie. At the short business session, plans for the membership campaign of October and November were discussed; also the appeal of the Finance Committee for contributions towards expenses of the Congress, International Council of Nurses, in 1929. Tea was served by the Alumnae of Royal Victoria Hospital, Barrie. At the evening session Miss Ruby Hamilton, of the Ontario Red Cross, gave an interesting address, "Impressions of the International

Course at Bedford College, London, England". After enjoyable vocal solos by a well-known local boy soloist the meeting closed with a discussion on the value of affiliated courses.

Miss Annie Campbell, operating room supervisor, Memorial Hospital, St. Thomas, has returned from Montreal after completing a two-months' post-graduate course in operating room technique.

TORONTO: Miss Mary Millman, of the Department of Health, Toronto, recently returned to Toronto after having spent the past five months in Europe. During this time she visited various nursing and hygiene centres in Austria, Hungary, Czeko-Slovakia, Roumania, Jugo-Slavia, France (Paris) and Belgium. Miss Millman met several students who have been in Toronto and had the opportunity of seeing the work they are carrying on. In England and Scotland she had the pleasure of renewing acquaintance with some of the nurses who have visited Toronto, and was fortunate enough to be in London for the presentation of certificates to the students taking the International Course at Bedford College, and to meet former students returning for the summer session.

Miss Ruby Hamilton, director of field nursing, Ontario Red Cross, has returned to Toronto, having spent the past twelve months taking a course at Bedford College, London, England. This course is held in conjunction with the College of Nursing Course and was organized by the League of Red Cross Societies in 1920.

Miss Jean E. Browne, Director of Junior Red Cross for Canada, has returned from Bedford College, London, England, where she gave a course of lectures on "The Principles of the Teaching of Public Health" at the summer school for nurses.

GENERAL HOSPITAL, TORONTO: The first regular meeting of the Alumnae was held in the Nurses Residence on October 3rd. The speaker of the evening was Miss Ruby Hamilton, who spent last year taking a special course in public health nursing at Bedford College, England, on a Red Cross Scholarship. Miss Hamilton mentioned that the firm establishment of dental clinics in schools made for rapid strides in dental work in England. In the course of her address she told something of the course at Bedford College, established by the League of Red Cross Societies after the war, and briefly outlined her studies during her twelve months abroad. The twenty-two students in the public health course represented twelve countries, and included a woman doctor from India and two Chinese nurses. In Belgium Miss Hamilton studied Child Welfare work at one of the oldest hospitals in Europe, built in the twelfth century. During her ten days in Paris she saw something of the Social Service work in the hospitals, visited the Pasteur Institute, and studied rural public health work in the Aisne district.

Miss Vivien Lane (1922), who has been on the staff of the Henry Ford Hospital for the last two years, has resigned, and is now with Dr. C. L. Douglas, Detroit.

Miss Eleanor Wheler (1924), Miss Isabel Parks (1925), and Miss Phyllis Mosley (1927), Misses Margaret Henderson and P. Steves (1928), are taking the course in Public Health Nursing at the University of Toronto.

Miss Helen Willoughby (1926) has resigned from the staff at Burnside, Toronto General Hospital, and is succeeded by Miss Alice Colling (1928).

Miss Lane is taking a four months' course in laboratory work in a Detroit hospital.

HOSPITAL FOR SICK CHILDREN, TORONTO: A very successful garden party was given by the Alumnae on September 12th. The guests, numbering about three hundred, were received by Miss Hazel Hughes, president of the Association, Mrs. Langford (Marion Starr), the former president, and Mrs. Reed, convener of the ticket committee. Others who assisted were: Mrs. Smith, convener of the tea room; Mrs. O. C. Little and Mrs. Arthur Woodcock, in charge of the touch-and-take table; Mrs. Wainwright, convener of raffles, and many other members of the Alumnae, who contributed largely to the success of the afternoon. Fortune tellers in costume were a popular feature and the entertainment as a whole brought a substantial sum to the Alumnae treasury.

WESTERN HOSPITAL, TORONTO: Miss Mary Ogilvie has completely recovered from her recent severe illness and has again resumed her work with the Private Duty Section.

Miss Helen Harvey, (1921) and Miss Myrtle Fawcett (1922) have enrolled for the special course for public health nurses at the University of Toronto.

Miss Marion Daly (1924) has recently returned to New York after spending several months on the Continent.

In order to augment the funds in the treasury the Alumnae is endeavouring to collect a "mile of nickels". A member from each year is responsible for communicating with each graduate of her class in connection with the campaign.

Miss Mary McCamus (1920) has been awarded a scholarship by the Alumnae for one year's course with the Department of Public Health Nursing, University of Toronto. During the absence of Miss Gladys Sharpe Miss McCamus has been instructor of probationers at the Western Hospital.

Miss Rahno Beamish (1920) has recently completed a course in Hospital Administration at McGill University and is now relieving Miss Cunningham as instructor in practical work for probationers at the Western Hospital.

Miss Gladys Sharpe (1925), having completed the Teachers' Course at McGill University, has resumed her duties as probation instructor at Toronto Western Hospital.

DISTRICT 9

TIMMINS: Miss Marjorie Stevens (McGill University, 1928), is relieving on the staff of the V.O.N. for Miss Emma Elliott, who is ill.

QUEBEC

LACHINE: Miss M. Argue has resigned her position on the staff of the V.O.N. to accept a position with the Dominion Engineering Co., of Lachine. Miss Leduc has been appointed to succeed her.

WESTERN HOSPITAL, MONTREAL: Miss Hazel Kerr, who has been doing private duty nursing in Paris (France), has returned to Montreal.

Miss Ethel Bradley has returned to New York, where she will engage in private duty nursing.

ROYAL VICTORIA HOSPITAL, MONTREAL: Miss Allison Spriggs (1925), is doing special nursing in Neuilly-sur-Seine, France.

Miss Elsie Allder (1921) has accepted a position at Avon Old Farms, Avon, Conn.

Miss Ella Moffat (1919) is doing special nursing in Los Angeles, Cal.

Miss Grace Moffatt (1921) is now in charge of Chipman Memorial Hospital, St. Stephen, N.B.

Miss K. Jamer (1927) has been appointed surgical supervisor, R.V.H.

HOMEOPATHIC HOSPITAL, MONTREAL: The sincere sympathy of the Alumnae is extended to Miss I. Chisholm in the loss of her mother, and to Miss M. Churchill in the loss of her father.

Miss T. H. Whitmore has accepted an appointment to the staff.

SHERBROOKE: The regular meeting of the Eastern Townships Graduate Nurses Association was held on September 13th. Sunshine bags were handed in which realized the sum of $20.00.

The marriage of Miss Florence Elizabeth Gunning, of Montreal, to Mr. Henry Wallace Argall, of Three Rivers, P.Q., took place recently in Sherbrooke, P.Q. Mr. and Mrs. Argall will reside in Three Rivers, P.Q.

JEFFERY HALE'S HOSPITAL, QUEBEC: The first meeting of the Association since April, 1928, was held on the evening of October 1st. Dr. Elliott, of the Anglo-Canadian Pulp and Paper Plant, gave a very interesting lecture on "Surgery and Medicine in First-Aid Work and Industrial Nursing".

Miss F. O'Connell (1926) has been appointed nurse-in-charge of the First Aid Department, Anglo-Canadian Pulp & Paper Plant.

Sympathy is extended to Mrs. S. Baptist and her sister Miss M. E. Savard, in the death of their father.

SASKATCHEWAN

VICTORIA HOSPITAL, PRINCE ALBERT: At the 1928 graduation exercises the following nurses received diplomas: Misses Winifred A. Nixey, Eliz. J. Dykeman, Phyllis Janette Jardine, Leah Evelyn Adams, Winnifred Pearl Peck, Muriel Gertrude Hornby, and Mrs. Hilda Grace Orr. The Dr. J. M. Humphries prize for first in general proficiency was awarded to Miss Nixey; Miss Jardine won the prize presented by Mr. F. W. Wright for the highest standing in practical nursing, while Miss Adams won the second prize in both. Following the exercises dancing was engaged in by the nurses and their friends.

C.A.M.N.S.

ST. JOHN: The Overseas Nurses Club will hold their annual dinner in St. John on the evening of November 12th. All nurses wishing to attend should communicate with the secretary, E. S. Cambridge, 133 King St. East, St. John, N.B.

VICTORIAN ORDER OF NURSES

The following scholarships have been awarded for 1928-1929: Miss Anna MacFarland, McGill University; Miss Bessie Wilson, Toronto University; Miss Rhoda Campbell, Toronto University; Miss Marguerite Rivard, Montreal University; Miss Winnifred Ashplant, Western University; Miss Eileen Wright, University of British Columbia; Miss Marion Wismer, University of British Columbia.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BROWNLEE—In August, 1928, to Dr. and Mrs. G. Brownlee (Beatrice Tregunno, Hamilton General Hospital, 1921), a daughter.

CHINNECK—On September 23rd, 1928, at Edmonton, to Mr. and Mrs. C. C. Chinneck (E. M. McRae, Royal Alexandra Hospital, Edmonton), a son.

DAWSON—On October 11th, 1928, at Millbrook, Ont., to Mr. and Mrs. Gerald Dawson, Bailieboro (Mildred Smythe, Toronto General Hospital, 1926), a son (David Edgar).

DUREY—In July, 1928, at North Bay, to Mr. and Mrs. George E. Durey (Mrs. Martyn, Wellesley Hospital, Toronto, 1922), a son.

DONOVAN — On August 25th, 1928, at Fredericton, to Mr. and Mrs. Trafford Donovan (Marion Hanson, Victoria Hospital, Fredericton, N.B., 1916), a daughter.

ERSKINE — On August 27th, 1928, at Montreal, to Mr. and Mrs. Douglas Erskine (Emma Carmichael, Royal Victoria Hospital, Montreal, 1917), a daughter.

FRASER—On August 25th, 1928, at Montreal, to Mr. and Mrs. John Fraser (Annie Smith, Royal Victoria Hospital, Montreal, 1925), a daughter.

GENN—On August 22nd, 1928, at Montreal, to Mr. and Mrs. Genn (Christine McCormack, Royal Victoria Hospital, Montreal, 1925), a son.

GRANT — On September 16th, 1928, at Vancouver, to Mr. and Mrs. George Grant (Dorothy Patchett, Vancouver General Hospital, 1925), a daughter.

HILLIER—On September 26th, 1928, to Mr. and Mrs. H. Hillier (Myrtle Smith, Jeffery Hale's Hospital, Quebec, 1922), a daughter.

McCAFFERTY—On September 12th, 1928, at Oromocto, N.B., to Mr. and Mrs. Thomas McCafferty (Mary Halloran, Victoria Hospital, Fredericton, N.B., 1925), a son.

MacDONALD—On August 26th, 1928, at Vancouver, to Mr. and Mrs. Gordon MacDonald (Eleanor Lovdere, Vancouver General Hospital, 1924), a daughter.

MacINTYRE — On August 29th, 1928, at Montreal, to Mr. and Mrs. MacIntyre (Irene Jackson, Royal Victoria Hospital, Montreal, 1918), a son.

RAYMOND—Recently, to Mr. and Mrs. Raymond (Mary Shuttleworth, Hospital for Sick Children, Toronto, 1924), a son (William Joseph).

ROBERTSON—On September 19th, 1928, to Mr. and Mrs. Murray Robertson (Glenna Rooke, Hospital for Sick Children, Toronto, 1917), a son.

WILKINSON—Recently, to Dr. and Mrs. Frank Wilkinson (Martha Bateman, Hospital for Sick Children, Toronto, 1922), a daughter (Jean).

MARRIAGES

ANDERSON — MACFARLANE — On August 27th, 1928, at Montreal, Lyle Macfarlane (Royal Victoria Hospital, Montreal, 1920) to Dan Anderson. At home—Montreal.

ANDERSON—WEBBER — On September 29th, 1928, at Hamilton, Gladys Hobbs Webber (Hamilton General Hospital, 1925) to W. Anderson.

BEYEA—DODGE—On August 29th, 1928, at Hammond River, N.B., Mildred Pearl Dodge (General Public Hospital, St. John, 1926) to Edgar Beyea, of St. John, N.B.

BOOLE — McDONALD — On September 10th, 1928, at New York, Nellie V. V. McDonald (Victoria General Hospital, Halifax), of Truro, N.S., to Ainsley A. C. Boole, of Mamaroneck, New York. At home—Long Island City.

BRIDGES—De NIKE—On September 8th, 1928, at Colborne, Ont., Dorothy De Nike (Wellesley Hospital, Toronto, 1923) to Samuel Williard Bridges, Jr., of Boston, Mass.

CARTWRIGHT—PEARSON—On September 3rd, 1928, M. Pearson (St. Boniface Hospital, Man., 1920) to J. Campbell Cartwright. At home—Winnipeg, Man.

CHAPMAN—HUNT—On September 18th, 1928, at Prince Albert, Kate Clara Hunt (Victoria Hospital, Prince Albert, Sask., 1925) to Arthur Chapman, Yorkton, Sask.

COULTHARD — COUSINS — On August 2nd, 1928, Gladys Cousins (Wellesley Hospital, Toronto, 1922) to S. W. Coulthard, of Toronto.

EARLY — JACKSON — On August 29th, 1928, at Brampton, Ont., Edith Jackson (Wellesley Hospital, Toronto, 1928) to Ewart Early, of Brampton.

FLANAGAN—GOODSPEED—On August 1st, 1928, at Fredericton, Gladys Goodspeed (Victoria Hospital, Fredericton, 1927) to Frederick Flanagan.

FLETT—BURTON—On June 21st, 1928, at Toronto, Dorothy Burton (Wellesley Hospital, Toronto) to Frank Flett, of Toronto.

HANNAH—ELLIOTT—On September 1st, 1928, at Brandon, Man., Marion Catharine Elliott (Brandon General Hospital, 1926) to Howard Eldon Hannah.

HIGGINS—RYAN—On August 29th, 1928, Stella Mabel Ryan (Carney Hospital, Boston) to John Kerr Higgins. At home—St. John, N.B.

HOYT—FRASER—On October 2nd, 1928, at Moncton, N.B., Dorothy Alice Ruth Fraser (General Public Hospital, St. John, 1917) to Lloyd Albert Hoyt, of Hoyt, N.B.

HYNES—CORMIER—In September, 1928, at Waltham, Mass., Doris E. Cormier (Manhattan Hospital, 1922), of Sydney, N.S., to Thomas E. Hynes, of Wayland, Mass.

KELLY—BELL—On August 27th, 1928, Edna Bell (Winnipeg General Hospital, 1924) to John Kelly, of Elm Creek, near Winnipeg, Man.

KERR—GORDON—On August 31st, 1928, Stella Gordon (St. Boniface Hospital, Man.) to Douglas R. Kerr.

KNIGHT — LOW — On May 12th, 1928, Elizabeth S. Low (Wellesley Hospital, Toronto, 1920) to Arthur R. Knight, of Uxbridge, Ont.

LEEMING—BECKETT—On August 4th, 1928, at Brantford, Pearl Beckett (Wellesley Hospital, Toronto, 1927) to Charles Leeming, of Chicago, Ill.

LITTLE — LANG — Recently, at Toronto, Augusta Miriam Lang (Toronto General Hospital, 1919) to Charles Edward Little, of Fenelon Falls, Ont.

McCULLOCH — BROWN — On August 29th, 1928, at Davis, Sask., Marion S. Brown (Victoria Hospital, Prince Albert, Sask., 1923) to Mervin E. McCulloch.

MACNAUGHTON—HENRY—Recently, at Montreal, Doris Evelyn Henry (Royal Victoria Hospital, Montreal, 1928) to Moray Fraser Macnaughton.

MacPHERSON—FLANAGAN — On June 25th, 1928, at Fredericton, N.B., Bernadine Flanagan (Victoria Hospital, Fredericton, 1927), to Amos MacPherson.

McDOWELL—HODGAN — On September 6th, 1928, Marjorie I. Hodgan (Queen Victoria Hospital, Revelstoke, B.C., 1926) to Reginald H. McDowell, of Kerrisdale.

NEVIN — HANNAH — In August, 1928, Margaret Hannah (Royal Victoria Hospital, Montreal, 1898) to Anthony Nevin. At home—London, Ont.

RENNICK — SPENCE — On September 22nd, 1928, at Oakville, Ont., Jessie Spence (Hamilton General Hospital, 1924) to Harry Rennick, of Hamilton. At home—Kitchener, Ont.

ROBSON — BOYD — On September 9th, 1928, at Toronto, Millicent Boyd (Wellesley Hospital, Toronto, 1926) to Dr. Douglas Robson, of Timmins, Ont.

RUMBALL — CLAPPERTON — On September 28th, 1928, Georgia Clapperton (Toronto General Hospital, 1923) to W. Clare Rumball, M.D., of Hamilton.

SNOWDEN — REID — On August 15th, 1928, in Saskatoon, Effie L. Reid (Victoria Hospital, Prince Albert, Sask., 1927) to M. G. Snowdon.

STOKEY—HOSKING—On May 30th, 1928, at Chissamba, Africa, Sybil Hosking (Hamilton General Hospital, 1922) to Dr. Stokey.

SYER — DYMENT — On September 12th, 1928, at Dundas, Ont., Jessie Dyment (Hamilton General Hospital, 1927) to Dr. George E. Syer. At home—Cayuga.

SYMONDSON—MELVIN—On July 12th, 1928, at Montreal, E. M. Melvin (Winnipeg General Hospital, 1916) to S. Symondson. At home—Three Rivers, P.Q.

TOMPKINS—JOHNSON—On June 26th, 1928, at Maugerville, N.B., Bertha M. Johnson (Victoria Hospital, Fredericton, 1924) to Herman Tompkins.

ULCH—WIGLE—On October 12th, 1928, at Kingsville, Ont., Dorothy Brown Wigle (Chatham General Hospital, 1926) to Josiah Ulch, of Detroit, Mich.

WAASON—TELFER—On June 23rd, 1928, at Montreal, Jessie J. Telfer (Montreal Western Hospital, 1918) to George L. Waason, of Rochelle Centre, Long Island, U.S.A.

WARD—MOSELEY—On September 29th, 1928, at Montreal, Isabel Moseley (Royal Victoria Hospital, Montreal, 1926) to Dr. Vance Ward.

WATSON—HOUNSON—On August 25th, 1928, Dorothy Hounson (Winnipeg General Hospital, 1927) to Robert Watson. At home—Halifax, N.S.

WATSON—SMITH—On September 22nd, 1928, at Tillsonburg, Ont., Florence Fenton Smith (Wellesley Hospital, Toronto, 1925) to James Morrison Watson, of London, Ont.

WHITE — BISSETT — On September 8th, 1928, at Montreal, Helena Blanche Bissett (Royal Victoria Hospital, Montreal, 1926) of Windsor, N.S., to Dr. George Milburn White, of Marysville, N.B.

WILSON — CARRELL — On September 21st, 1928, at Toronto, Katherine M. Carrell (Toronto Western Hospital, 1922) to Harold Wilson, of Toronto.

WRINCH — TIER — On September 29th, 1928, at Toronto, Jean Tier (Toronto Western Hospital, 1925) to Sidney Wrinch, of Toronto.

YOUNG—BLACKFORD—On October 4th, 1928, at St. John, Helen Maude Blackford (General Public Hospital, St. John, 1923) to Samuel Young, of Freeport, N.S.

DEATHS

WHITELAW—On August 12th, 1928, at Edmonton, Mrs. J. H. Whitelaw (Olive Bailey, Guelph General Hospital).

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Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to Mrs A. M. Munn, Reg.N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of $5.00, is received by the Inspector before November 10th, 1928.

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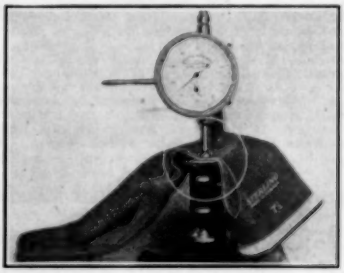

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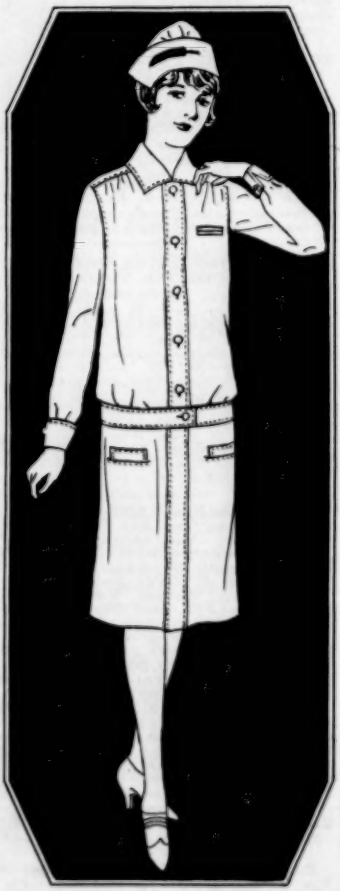

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